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Pneumonia Number.

WE present our readers this month a symposium on the subject of Pneumonia, contributed by our wide-awake readers.

To this we have, naturally, little to add, as we think that the ground has been pretty well covered by our contributors.

As to the causes and clinical features of pneumonia there is very little new to be presented. The subject of vital importance to the practicing physician is that of the most successful method of treating it in its various forms and successive stages.

In the treatment of this disease hydro-therapy is making rapid progress in popular and professional favor. Courage and firmness are required in its application.

The use of the defervescent alkaloids—aconitine, veratrine, digitalin and strychnine—in the earlier stages, with a view of cutting short the attack, is a treatment that is also rapidly gaining friends and advocates.

The ammonia salts are of very great value in this disease—almost enough to merit the designation of specifics. The carbonate is a favorite with many, but we prefer the salicylate, especially if there be pleuritic complications.

The most successful physician is he who will intelligently combine, as far as is practicable, two or more of the special modes of treatment that have been found to produce the best results, thus increasing his chances of success.

THE readers are taking a great deal of interest in the vote as to whether the March number shall be devoted to the subject of rheumatism, diphtheria or scarlatina. Thus far the indication is that it will be one of the first two mentioned, as they are about even and far ahead of scarlatina in the count. Let us have your vote, Doctor.

Dosimetric Medication.

WE are often asked to state our opinion regarding the various improvements in the armamentarium of the physician and surgeon as they are, from time to time, put forth for trial and subsequent judgment. From the number of private inquiries we receive regarding these little granules, we judge that there must be a pretty wide-spread interest in them among the progressive class of practicing physicians.

After considerable study and more or less practical experience, we will briefly state the conclusions we have thus far reached.

Those who look for a new therapeutic system in the dosimetric granules will be disappointed, as they should be. There are too many so-called distinct "systems" of therapeutics now—all practicing pretty closely alike. What we do want is a broad, liberal, general system of medicine, within which individuals or groups of individuals may hold and advocate their

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own private theories, and work out their own therapeutic problems, always requiring that they be first thoroughly trained in the fundamental facts of medical and surgical science. Dosimetric granules are simply a new form in which our remedies are prepared—an improvement in materia medica and pharmacy. The advantages claimed, and we believe well sustained, by the advocates of this method of administering the active principles of our well-known drugs, are convenience, accuracy of dosage and greater promptness and certainty of effect.

The convenience is so self-evident that but little need be said on that point. They are so small that a full supply may be carried in a pocket case entirely out of sight. They may be prescribed, to be dispensed by the druggist, as other remedies are. They are generally pleasant to administer—a point of considerable importance.

The argument in regard to accuracy of dosage cannot be too strongly advocated. The name "dosimetric" means "in measured doses." Any one who has ever dosed out powder with a pen-knife blade (where the patient gets "more or less" of each drug) will appreciate this advantage. The granules contain, with mathematical accuracy, a certain quantity of the active principle which it is desired to administer. Thus, for example, when you give a granule of one five-hundredth grain of atropine, you know just what you have given, just what result to expect from it and just how often you may safely or beneficially repeat it. This yon cannot know when you give the tincture of belladonna, as each different specimen contains a different proportion of atropine—some containing hardly any at all, and some almost an unsafe proportion.

In regard to rapidity and certainty of effect, we must remember that the alkaloids are freed from their original chemical combinations and are in a form favoring rapid absorption if well-made, fresh granules are used. Also, that the alkaloids in the granules are single, and hence their therapeutic action can be more accurately determined. Thus, for example, when you give morphine or codeine, you know that you are giving a single therapeutic agent, and you naturally look for a certain action from it; but when you give opium in some one of its many crude forms, you are giving more than a half a dozen different and more or less conflicting agents at once, for some of which the patient may have an idiosyncrasy, and the expected result is only an unscientific guess.

So it may readily be seen that dosimetric medication is principally only improved scientific pharmacy. Yet the physician who expects to buy a supply of granules and begin doing his entire practice with them at once, will meet with many disappointments. It is better to "grow into dosimetry" gradually, and to introduce the granules cautiously as one acquires skill in their use. One who has been accustomed to shoot with a shot-gun needs some practice with a rifle before he can use it accurately and effectively.

A very good way is for the physician to take, first, those agents that are used for the reduction of fever and for cutting short inflammations—aconitine, veratrine, digitalin and strychnine—study them thoroughly, and introduce them into his practice, watching closely until he becomes thoroughly familiar with them and confident and skillful in their administration. Let this take three days, three weeks, or even three months, according to his ability to master the subject. Next the general systemic stimulants and tonics may be taken up and practical experience gained with them; then the nerve sedatives, the eliminants of physiological toxines, and so on, continuing until he knows every drug in his case well and can prescribe it accurately. As he takes up each new class of agents for study and practice, he will thereafter use them as required in the cases to which they are applicable. Thus he will soon find himself using the active principles almost exclusively in his practice. Yet the physician educated under the present methods will probably never wholly give up the occasional employment of favorite and well-tried prescriptions. There are exceptional cases in which they will, perhaps, always be preferable.

Scientfic chemistry and pharmacy are making rapid progress, and the science of therapeutics must keep pace with them.

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Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only* The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Pneumonia;—General Consideration;—Treatment in Children.

Editor MEDICAL WORLD:—In a general consideration of this disease it must be recognized at the outset that cases differ widely in type, severity and attending conditions. The disease may be of the catarrhal form, or the croupous—lobular or lobar—may be primary or secondary, may accompany marked bronchitis—broncho-pneumonia—or be attended with pleural involvement—pleuro-pneumonia.

In some cases the area of lung-tissue involved may be small and circumscribed, in others a considerable extent of both lungs may be affected. As to age, the patient may be anywhere from an infant to a centenarian. He may be attacked while in robust health, or it may find him a victim of previous illness, chronic affections or constitutional impairment. He may be of a tuberculous diathesis, or may, unfortunately, be suffering from organic disease of the heart—two very important and serious considerations.

Then again, the doctor may see the patient at the very outset of the disease, or, as frequently happens, he may be called only after it has been running its course for some time without treatment; or, what is even worse, after ill-advised treatment, which has depleted, weakened and prostrated the patient.

In view of all these and still other considerations, it is evident that there can be no one *specific* treatment applicable to all cases of pneumonia. Each individual case must be considered *by itself*, and treated *pro re nata*.

Concerning the etiology, whatever rôle the pneumococcus may play in the matter—and notwithstanding the increasing tendency to consider pneumonia an acute infectious disease, denying, as some do, the agency of exposure to cold as a causative factor—it is in accordance with general observation that a considerable proportion of cases appear to be immediately induced by sudden chilling of some part of the body while overheated or exhausted.

I am fully satisfied that pneumonia patients are quite commonly overtreated—over-drugged. In the pressing effort *to do something*, much harm is frequently done. I am not prepared to fully adopt the "nihilism" of some, that "with good nursing alone, as many would recover as now do under the various methods of treatment by physicians;" but the assertion contains enough grains of truth to suggest the propriety of our pausing to consider.

In this connection I know of nothing more appropiate than the admirable words of Sir Thomas Watson, uttered more than fifty years ago, in regard to the divers ways of treating fevers. "No one can doubt," he says, "that patients get well *in spite* of the well-meant but mischievous interference of the doctor. The tendency to recover is a constant source of fallacy in our observations upon the behavior of disease under different plans of treatment. It leads us too often into the danger of ascribing to drugs what is really the workings of nature; confounding antecedents and sequents in the causes and effects; of counting recoveries as cures."

By way of illustration, I may be pardoned for referring to the practice in an institution for children from 2 to 14 years of age, with which I have been connected for the past eighteen years, and where there is an average of about 325 boys and girls. We have a considerable number of cases of pneumonia, as many, or more prehaps, than occur among the same number of children in private families.

We seldom lose a case, and I hardly think that we look upon the disease as one of extraordinary gravity. This refers, of course, to the primary disease, and not to broncho-pneumonia complicating or following measles and whooping cough—which is quite another thing.

The usual treatment of an ordinary uncomplicated case is somewhat as follows: cotton batting stitched inside a vest of unbleached muslin is applied over the affected lung, and over this an oil-silk jacket. Sometimes this dressing is preceded by a mustard poultice until the skin is reddened, and then thoroughly rubbed with vaseline. This is rarely disturbed except for examination.

Internally liquor ammonii acetatis, say 10 drops in water every two or three hours, for a child 6 or 8 years old. If the temperature persists above 103½°, sponging with tepid water proves satisfactory, allays the fever and quiets the nervous symptoms; rarely a dose or two of acetanilid or phenacetine may be given.

The diet is simple and rather restricted during the height of the fever, as digestion is not

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well carried on at this stage. Stimulants are rarely used. Complications have been rare, but should they arise, they are treated according to the indications. Cough mixtures and expectorants play but a minor part in the treatment.

In the resolving stage, when the cough is persistent and the sputum thick and viscid, I sometimes prescribe the following:

R. Amonii chloridi .....drams ij
Eucalyptol.....drams iss
Syr. Tolu.....ounces j
Syr. Acaciae.....ad. ounces iv
M. Sig. Dose, one every two to four hours.

Brooklyn, N. Y. BENJ. EDSON, M.D.

The Treatment of Pneumonia.

BY H. A. HARE, M.D.
Professor of Therapeutics in the Jefferson Medical College, of Philadelphia.

Editor MEDICAL WORLD:—While at first thought the very antagonistic views held by many of the best physicians as to the treatment of this most serious disease lead us to think of its therapeutics as uncertain, second thought will show that, after all, it is possible for us to employ rational measures of relief and to obtain good results pretty constantly.

In the first place, it is absolutely necessary, before discussing the remedies which are to be employed in pneumonia, to emphasize the fact that pneumonia is a pulmonary consolidation, which is not always accompanied by the same symptoms or associated with identical conditions of the general system. Thus the disease may occur in the person of one who is convalescing from typhoid fever; or its onset may take place during the course of this or some other exhausting disease. On the other hand, pneumonia may strike down an individual who, twenty-four hours before, was apparently in the most robust and perfect health.

It is evident that the condition of the general system, and particularly of the circulatory system, must be entirely different in an individual suffering from typhoid, complicated by pneumonia, from that of a man, who in the best of health, is suddenly attacked. In the one instance the severity of the disease, added to the condition of exhaustion already present, can but tend to still further depress his vital forces; while in the case of the individual who is otherwise healthy, the inflammatory processes will result, at first at least, in systemic and circulatory excitement. In both instances we have a condition known as pneumonia, but as we have said before, the conditions outside the lungs are diametrically opposed. It therefore becomes evident that in the asthenic class of cases it is wise to begin treatment of a stimulating character at once, or at least as soon as the very first signs of cardiac or vaso-motor depression manifest themselves. In the other cases the acute inflammatory process, with its accompanying arterial and cardiac excitement, indicate the use of circulatory sedatives, as aconite, antimony, veratrum viride, or bleeding, at least during the first few hours of the existence of the disease.

It is the object of this paper to recommend very strongly that treatment of pneumonia which has been found of the greatest service in a large experience of the author in the wards of the various hospitals to which he is and has been attached, and this line of treatment is founded absolutely upon a recognition of the general condition of the person rather than upon the cause of his illness.

It is true that many physicians claim to have employed aconite and veratrum viride in the earlier stages in pneumonia with bad results, while others have resorted to digitalis and other cardiac stimulants, at the very begining of the disease. The bad results obtained in both instances have been due to this failure to recognize the indications offered by the patient's system. If the patient has been strong and healthy until attacked by the pneumonia, and is seen within a short time after the initial chill and the consequent rise in bodily temperature, it will be found that his pulse is full and bounding, the cheeks flushed and the respiration somewhat rapid; at this time, and at no other, is aconite, veratrum viride, or antimony indicated, and the physician seeing that they are indicated, these drugs should be given fearlessly while they are given. They are not to be used hour after hour until twenty-four or forty-eight hours have passed. They are to be given in as full doses as the physician thinks proper, with the idea of so quieting the circulation that less blood will pass to the inflamed lung, and to produce so great a dilatation of the arterial system that it will be easier for the blood to flow into the dilated but healthy blood-vessels than into the hyperemic and engorged vessels in the diseased lung. This can generally be accomplished if as much as from two to three drops of the tincture of veratrum viride or a similar quantity of aconite, preferably the former, are given every half hour or hour until the decrease in pulse-rate and pulse-force and the appearance of a slight perspiration indicate that the full influence of this drug has been exerted. If veratrum viride has been given early enough it is certainly competent to abort an acute croupous pneumonia occurring in a previously healthy individual. If it is not given early enough the result of its administration will be to hurt the patient, and it is the nice question as to when it can be given which the physician must decide and which his skill must determine.

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He will generally hear on ausculting the chest before administering these remedies, slight roughening of the respiratory murmur, which may be accompanied by a very few, almost inaudible râles. A careful percussion over the area involved will generally show a slight impairment of resonance due to the congestion and engorgement. If, however, there is marked dullness on percussion, with blowing breathing and the typical, fine crepitant râle of pneumonia, the use of these cardiac sedatives is contraindicated in most cases because the disease has become thoroughly instituted and the stage is past when the remedy can do good.

In the event of the cardiac sedatives not being administered early enough to abort the disease, the patient then passes on into a condition in which there is a tendency to collapse or at least to cardiac failure, which tendency increases until after the crisis has passed and which is due to the engorgement of the lung and the infectious nature of the disease. Here again it is impossible for the physician to prescribe by "rule of thumb." He must carefully listen to the apex beat of the heart, and if it seems at all muffled or feeble, he will know that digitalis is indicated. The best results from its administration will follow its use in the dose of not less than 10 minims every eight hours, rather than smaller doses frequently repeated. Particularly is digitalis indicated if, in association with these feeble cardiac sounds, the pulse also seems feeble, and although it may have considerable volume, nevertheless is shuttle-like and devoid of force.

In the majority of cases digitalis alone will not accomplish all that we desire. While we may improve the cardiac action by its use we still find that, after the first few days of fever, the skin has a tendency to be moist and the pulse, although large in volume, from the action of digitalis, seems to be surrounded by a relaxed arterial wall. Under these circumstances the tincture of belladonna in the dose of five drops every four hours during the night and day will produce a wonderful change for the better, because it acts as a tonic to the vasomotor system, tending at the same time to quiet the cough, to allay nervous irritability and to prevent exhausting sweats. In some instances where there is considerable dyspnea, it is well to administer no less than 1-40 and frequently 1-20 of a grain of strychnine every four to eight hours with the digitalis, and if the cough persists in the face of the belladonna, 1-12 to 1-8 of a grain of morphine may be given hypodermically.

If too much digitalis is given the pulse is apt to become hobbling, and at each visit of the physician he should listen to the apex beat to determine whether or not the digitalis should be decreased or increased in amount. If the heart sounds are loud and yet jumbled, probably too much digitalis is being administered and the symptom depends upon over-dosing rather than upon the disease.

It should be remembered that when crisis takes place in pneumonia we should always be on the lookout for collapse and cardiac failure, and for the treatment of this accident no remedies are equal to full doses of strychnine and atropine.

In the asthenic cases of pneumonia, where from previous disease, or general ill health, the patient's system is in such a depressed condition as to be unable to take on an acute inflammation characterized by arterial excitement, the use of digitalis, belladonna and strychnine must be resorted to almost from the very first and without the preliminary employment of the cardiac sedatives. It is, however, important that the physician should bear in mind the important point, never to administer remedies because the patient has pneumonia. Pneumonia must run the course required by all the acute infectious diseases. Once thoroughly under way its course can not be checked, and we can but guide the patient through the storm by supporting the circulation and respiration.

In *The Therapeutic Gazette* for December, 1892, the writer's former Resident Physician in St. Agnes' Hospital, Dr. Kelly, details a number of cases of pneumonia, all of which were successfully treated by this method; the treatment being varied chiefly in dose according to the condition of the circulation in each individual case. In previous terms of service equally good results have been obtained, as in the term of service from which notes are now being taken, a number of cases of pneumonia having again been treated by this method with the most satisfactory results.

Wet cups or leeches do much good in the early stages of acute sthenic pneumonia, but dry cups should be employed in the early stages of asthentic pneumonia.

The object of this paper will not be gained if the point is not emphasized that it is the condition of the patient that we must carefully consider, and that the physician cannot simply make a diagnosis of pneumonia and then administer remedies by "rule of thumb," but should use his judgment as to the condition of the vital functions.

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222 South Fifteenth Street, Philadelphia, Pa.

[In a private letter accompanying the article, Professor Hare adds the following:

"The results which I have obtained in the treatment of a large number of cases of pneumonia in private and hospital patients during the last eight or nine years have been so good

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that I have frequently been inclined to look with doubt upon my diagnosis, and for this very reason I have been paticularly careful in making the examination and in having my Resident Physicians carefully go over the cases in addition to my examination."]

To Abort Pneumonia.

Editor MEDICAL WORLD:—I am so constantly obtaining valuable information from the pages of THE WORLD, that I cannot, out of gratitude and for the sake of suffering humanity, refrain from contributing to the Pneumonia number.

In the consideration of a disease so common and attended by the loss of so many valuable lives, the question of the possibility of *aborting* the same in the early stages becomes one of very great importance.

While a student in the University of Michigan, the lamented Dean of that school, Prof. A. B. Palmer, Professor of the Theory and Practice of Medicine, most emphatically taught his students that pneumonia could not only be aborted, but that it could be aborted in almost every case in which treatment is commenced during the first twenty-four to thirty-six hours.

For ten years I have carefully followed his instructions, and during that time have prescribed for a large number of pneumonia patients. The result has been that in but three cases has the disease entered the second stage. One of the cases was that of an habitual drunkard; he died. The other was a youth aged 18 years. After giving him the usual treatment, I passed him into the hands of a brother practitioner while I left town for a few days. He died, and would probably have died on my hands. The third was a case of so-called "bilious pneumonia," which recovered. I cannot do better than copy from Prof. Palmer's printed notes which lie before me. They are concise, and if the reader will carefully consider and follow every line, he will find, as I do, that his cases are almost always aborted.

I call to mind an epidemic of pneumonia, which occurred during my residence in an Eastern State. Within a mile square there were eighteen cases of pneumonia within four weeks. Fifteen of these cases fell into my hands and three into the hands of a neighboring doctor. I gave the treatment as indicated below. All my cases were discharged convalescent in from six to eight days. My brother practitioner lost by death all his cases.

The following quotation is from Prof. Palmer's printed note book and are his own words: "Quinine, especially when combined with opium, is most efficient and sure, is comparatively, at least, devoid of danger, and is applicable in later stages as well. It not only reduces the fever, but relieves internal congestions, brings the blood more freely to the surface and induces perspiration, diminishes the production and amœboid movements of leucocytes, diminishes exudation, and all this without dangerously interfering with the heart's action, but rather beneficially modifying it.

"The particular method in the treatment of common pneumonia, which for the last several years I have pursued with such results as to induce me to strongly recommend it to others, is briefly as follows:—When called to a patient within twelve or twenty-four hours after the chill, or at any time before any considerable exudate has occurred, I immediately give from six to eight grains of quinine, together with from ¼ to ⅓ grain of morphine, which, almost invariably, in a short time (from one half to two hours) induces free perspiration and a reduction of the temperature. I then repeat the *quinine* in doses of from one to eight grains once in from two to three hours, and unless all pain and special uneasiness is relieved, I add another dose of morphine in four to six hours; but by all means continue the quinine in one of the last-mentioned doses until from thirty to fifty and sometimes sixty grains are given; sometimes from twenty to twenty-five grains will be sufficient, given in these divided doses, or, if preferred, in doses somewhat smaller but more frequently repeated. But as a large quantity is innocent and may be needed, I prefer to give at least thirty and often as much as forty grains in from twelve to twenty-four hours. The effects desired and certainly as a rule produced, are a decided reduction of temperature, a marked diminution in the frequency of the pulse, a decided moisture of the skin or free sweating, a lower and more easy respiration, a relief from pain and the feeling of fullness in the chest, a diminution of the cough and of the tenacious and bloody character of the expectoration; and, in short, not only is there a checking of the fever, but of all the evidences, general and local, of the pulmonary engorgement and inflammation; and the quantity of the medicine given will depend much upon the completeness of these effects produced. The slight deafness and ringing in the ears which may or may not result from these doses, is a matter of very little consequence, almost always quite temporary, and *should have no influence in determining the quantity to be given.* A small quantity of quinine will produce the phenomena with some, while large doses will fail to do it with others; and neither in pneumonia nor in ague are they the measure of the medicinal effect of the remedy, or the index of the quantity that will be required or borne.

"As a rule, the treatment after this will be a

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gentle laxative, or if the tongue be much coated, a few grains of blue mass, followed in a few hours with a mild saline cathartic, and this in time followed by some mild eliminative mixture. There may be cases, however, early undertaken, which will resist this treatment; but in those occurring under my observation, the results as indicated, where the plan has been fairly and thoroughly carried out, have followed. With scarcely a well-marked exception the cases have been virtually *aborted*,—convalescence speedily occurring, and nothing more than a moderate congestion of the lung remaining, and this only for a few days.

"If the treatment be commenced much later, and especially after hepatization has occurred and the dyspnea is marked, the morphine must be omitted or given with much caution, but *the quinine is to be given in the same way;* the result very generally being to bring down the temperature and check the extension of the disease; but of course not so speedily as to remove all its consequences; and if much structural change has occurred, time will be required, and the continuance of more or less pathological action, before the lung is restored to its normal state.

"At whatever stage of the disease the patient is seen, the quinine in these free doses should be given and the full physiological and therapeutic effect, as described, should be obtained."

To what Prof. Palmer has written, I wish only to add that the above treatement is safe and will almost certainly abort pneumonia before it reaches the second stage. To children, even the very youngest, I give the same treatment with the possible ommission of the morphine, of course in doses varying according to age.

Halstead, Kan. V. E. LAWRENCE.

Importance of Recognizing the Presence of Pneumonia.—Lines of Treatment.

Editor MEDICAL WORLD:—With your permission, I should like to say a few words concerning the malady now so prevalent in some sections of the country, and to the consideration of which this number of THE WORLD is devoted. There are few diseases more dreaded by the people, and more properly, than pneumonia. And I may add, there are few diseases more commonly misunderstood, and consequently mismanaged, and in which the results of such mismanagement are more fatal, than the one we are speaking of. I am also convinced that the errors in diagnosis from carelessness, especially in the earliest stages, are far more common than most friends of the profession would care to admit; nor is this error *always* the fault of the physician. There are many cases of what might aptly be called "masked pneumonia," in which it is almost impossible to say positively that the inflammatory process has extended to the air cells—cases in which the temperature is very *slightly* elevated; in which the characteristic cough is absent or slight; in which the sputa is *scarcely* discolored; in which the physical signs are disguised, etc., but in which there is a true pneumonia present, insidiously and almost imperceptibly advancing until we find, at last, too late, the cells filled with epithelial debris, the vital forces weakened beyond recovery, and hope practically gone. There are also many cases in which the patient throws one off his guard by making prominent other, and *to him* more important, symptoms than those which, if noticed, would sound the true alarm. They will speak of obscure pains in remote parts of the body, of weakness and ailments foreign to the case—of everything but their present condition—but in your hurry and desperation you prescribe some quieting lotions, and entirely overlook the real state of affairs. Strange as it may seem, I have seen a physician, supposedly careful and certainly conscientious, treating a man for an obscure bowel trouble, entirely overlooking a real pneumonia, which indeed was somewhat disguised, but of which the patient died the same day we were called in consultation. Of course I am not now referring to those sthenic cases in which all the characteristic symptoms are present when the physician is called—the premonitory chill; tenacious, rusty sputa; hyperpyrexia; crimson area on cheek; heart and respiration fast; pulse full and bounding; short, hacking cough, etc., etc. In these cases "pneumonia" comes into the mind of the attendant without the physical examination of the chest. But the young practitioner, and some older ones, are too apt to conclude that these visible, tangible signs must always be present, and not finding them in all the perfection of the text-book, neglect the more important but somewhat more difficult investigation of physical signs.

I cannot speak too earnestly of the importance of the greatest care in this respect in *all* cases of "*bad cold*" or "*la grippe*." The most approved methods of examination should be employed, and all results, no matter how apparently trivial, carefully noted. If all cases of la grippe were treated on the hypothesis that pneumonia is a certain or *very common* complication, the doctor might be considered an alarmist, but the percentage of his deaths from this cause would decrease in proportion to his enthusiasm.

I have already pointed out the value of early diagnosis in bringing about a successful issue. Now, after you are satisfied that the inflammatory processes are at work, conduct the case

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in the same way you would if the characteristic signs you are accustomed to look for were all present: absolute rest in bed, in a room of even temperature, not warmer than 95° to 70° F., with good ventilation; forced feeding of concentrated foods, as eggs, oysters, milk, meat broths, etc., remembering that the popular "beef tea," which the average nurse regards as possessing almost miraculous virtues, is a delusion and a snare.

Envelop the chest in cotton, both anteriorly and posteriorly, or, still better, if there is a nurse present who can be depended upon, have flax-seed poultices, to which a little mustard has been added, applied and kept constantly hot, the nurse being cautioned not to expose the patient to the air in the changing. I believe drugs should occupy only a secondary place in the treatment of pneumonia. Of course, in sthenic cases in vigorous subjects, arterial sedatives are indicated, and the one of most value here is *veratrum viride*. Not only has it a stimulating action upon the inhibitory nerves of the heart, but it has also a powerfully sedative action upon the nervous system and prevents many of those distressing reflex symptoms so common in this disease. It also has the power of causing the temporary dilatations of the entire arterial system, thus drawing the blood from the lungs, and in reality bleeding the patient into his own tissues. But the drug should only be used in sthenic cases and with great caution, always remembering that we are dealing with a disease of exhaustion, in which the heart must not be weakened. The powerful febrifuges should only be resorted to in exceptional cases.

The stimulants are almost always needed during the progress of pneumonia, and the one most constantly useful is *alcohol*.

I have no sympathy with the unwarranted opposition to this most valuable drug in suitable cases. That nothing can take its place in certain conditions, and that lives are constantly saved by its judicious use, there can be no doubt. A hard master, but a most obedient servant. The most commonly acceptable form of the drug is whisky, but the particular form and the dose may be determined in accordance with the idiosyncrasy of the patient. With the possible exception of *ammonium carbonate*, I regard the expectorants as valueless in this disease. Always remember that the stomach must be kept in good working order, and any drug which may interfere with this organ is worse than useless.

To recapitulate: (1) moist heat to chest, front and back; (2) concentrated, forced feeding; (3) absolute rest; (4) veratrum viride (possibly); (5) the judicious use of alcohol and possibly digitalis. There are cases in which a blister applied over the seat of trouble will be more serviceable than the hot poultice, but these are exceptional.

I have purposely refrained from referring to the several sub-divisions of pneumonia, because their discussion has no place in a rambling article of this kind.

My object has been simply to throw out a few hints, with the hope that they may prove of some service in aiding others to battle with this ever-present enemy of mankind.

Wm. L. Wilbur, A.M., M.D.
Hightstown, N. J.

Pneumonia. Venesection, Leeches and Blisters Commended in Grave Cases. Sudorifics, Cathartics and Arterial Sedatives will Suffice for Mild Forms Only.

Editor Medical World:—In considering the subject of pneumonia, it is necessary to bear in mind that the functions of the lungs are many and varied, and that a serious involvement of the lung texture will involve almost every organ of the body.

"Respiration," as the immortal Haller pointed out, "is not merely a process of gaseous absorption and excretion. It is also a force which perpetually compresses the abdomen and all its viscera; it evacuates the stomach, intestines, gall-bladder, receptacle of the chyle, urinary bladder and rectum. It comminutes the aliments, and forces the blood through the liver, spleen and mesentery. It causes a kind of flux and reflux in the blood, so that it is alternately pressed back toward the extremities of the veins, and a little after is propelled toward the heart with accelerated velocity."

This vivid description of the secondary functions of respiration will be accepted as true today with but slight modification. It cannot be denied that the blood-pressure is alternately increased and decreased in the abdominal vessels during respiration, and it is well known that the jugular veins become emptied during inspiration and filled in expiration, and that the brain rises during expiration and falls with inspiration.

It ought also to be well known, as discovered by Swedenborg, and rediscovered by Dr. Bonwill, of this city, that mere rapid breathing will suffice to produce a condition resembling unconsciousness. It ought also to be evident that if the lung tissue is engorged and swollen, the intra-thoracic pressure upon the heart and other structures will be increased.

When to these are added the obstruction to the circulation and the interference with the absorption of oxygen and the excretion of carbonic acid, nothing more is needed to show the

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grave character of pneumonia, and the necessity for prompt and careful treatment.

Every case must be studied by itself. The general principles are, however, to lessen the pain, lower the fever, control the circulation, and promote resolution. Arterial sedatives, mild sudorifics and cathartics are of undoubted value in this as in all other inflammations, and may in some instances be sufficient to effect a cure, aided by the use of one or more small blisters, and an occasional opiate.

In severe cases, however, with the temperature above 103°, the pulse 100 or more, and the respiration 40 or 50, the abstraction of from four to ten ounces of blood, either by venesection, leeches, or wet-cupping, is the supreme remedy. Some cases may require more, some will do well with less, the amount to be varied with the age and condition of the patient. It will do more to remove the local engorgement, lessen the fever, moderate the pulse, remove the pain, and bring the respiration nearer to normal, than any other procedure.

Dr. Hiram Corson, of Plymouth Meeting, Pa., has advocated the use of blood-letting in pneumonia for years, and I trust that he will live to see this valuable agent again esteemed and used by the medical profession.

I did not extract blood in pneumonia for some years after graduating. Now I would not think of treating a serious case without doing so.

The following notes of three cases among many will show the reasons for my faith in it.

In 1888 I was summoned to visit two cases of pneumonia on the same morning. One was very serious, warranting a grave prognosis. The patient's pulse was 140, respiration 60, temperature 105. His lips were blue. He was coughing up pure blood, and screaming with pain at each inspiration. He had not slept for thirty-six hours. I put four leeches over the seat of the disease, and before they were half-filled his pain almost vanished, and he fell asleep. The blood was permitted to run from the leech bites all day, until probably twelve ounces had oozed away. The respiration, temperature and pulse-rate declined at once, and became normal in five days. He took an aconite and opium mixture, and a few grains of quinine daily for nine days, when he was well enough to go out. The other patient was not nearly as bad, but was treated without the abstraction of blood, and did not recover for three weeks.

In 1890 a pneumonia patient, whom I had been treating for three days, suddenly developed alarming symptoms. The forehead assumed a purplish hue, the breathing rose to 60, the pulse to 140, and the temperature to 105°. The consultant agreed with me that a fatal result was apparently inevitable, but would not consent to the abstraction of blood, which I had proposed. Digitalis, carbonate of ammonium, and whisky were given, but as the patient's condition was unchanged on the following day, I decided to act upon my own judgment, and took eight ounces of blood away by leeching. Decided improvement occurred at once. Four ounces more were taken away two days later, and within a week recovery was assured.

In October, 1891, similar alarming symptoms developed in a very stout patient. I took away a teacupful of blood from a vein in the arm, giving immediate relief, and the patient finally recovered completely.

The general treatment which I found of value consisted of the administration of eight to twelve grains of quinine daily, and from two to four drops of tincture of aconite with spirits of nitre every three or four hours. Morphia was given when necessary to produce sleep, and expectoration promoted by the use of a mixture of paregoric, chloride of ammonium, and ipecac. In many cases the application of ice to the head was of great value in controlling or lessening the fever and banishing delirium.

Counter-irritation is always beneficial. Small blisters, two inches square, frequently repeated, will often relieve the pain, and favorably influence the course of the disease. Iodine is also of service when frequently and freely painted over a large area.

Dry-cupping over the affected lung should, however, either be discarded or employed with extreme caution. Its effect is to lessen the already diminished quantity of air within the pleural cavity.

The diet of pneumonia patients ought to be nutritious and easily digestible. Milk alternated with beef-tea will do very well in many cases. The patient can, however, be allowed some discretion in the matter.

Coffee or tea ought to be permitted and in fact ordered, the former as a cardiac stimulant, the latter as a sudorific and nerve sedative. Small quantities of alcoholic liquors are a necessity in some cases and of value in others. Benefit will also be obtained from giving ten or fifteen grains of chloride of sodium, three or four times a day.

Turpentine in ten-drop doses every three hours is often serviceable when the expectoration is copious and semi-purulent. The iodide and chloride of ammonium are also of value. Digitalis and carbonate of ammonium are freely given by many practitioners, but they cannot be depended upon to the exclusion of other measures when the attack is severe, or when a large area is involved.

Veratrum viride, or gelsemium, may be sub-

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stituted for aconite with advantage when the pulse is small and quick.

Free purgation is always admissible.

P. McCAHEY, M.D.

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Treatment of Pneumonia.

Editor MEDICAL WORLD:—There is no disease, perhaps, for which more opposite plans of treatment have been recommended than pneumonia, and that too by authorities of equal experience and eminence. In the local applications to the inflamed lung, if one were forced to rely upon text-books, he would be completely at sea as to the best treatment to pursue; he would be compelled to decide between the ice bag and hot poultices, or blistering, which latter treatment has long since ceased to be mentioned by writers on systematic works of medicine. In looking over the recent excellent work of Osler on the Practice of Medicine, I must confess to a feeling of disappointment at the treatment suggested by this distinguished clinician; but without reviewing his treatment, which, I presume, is accessible to most physicians, I will state that the treatmeut I have to suggest is not materially different from that which has appeared in THE WORLD for the past three years.

In looking over the treatment of pneumonia in THE WORLD for some three or four years back, one cannot fail to be impressed with the harmony prevailing among the different writers on the subject; and whether we have any new methods to offer or not, it strikes me that we contribute as much information when our own experience, through many cases, coincides with that of many others on the same subject.

The "*sheet anchors*," as they have been termed by several writers, and with whom I fully agree, are carbonate of ammonia and blistering—one or two writers have gone so far as to say that blistering is of benefit at any stage of the disease. I never employ them in the stage of engorgement, as I think they have a tendency to increase the excitement; but after that they are the most serviceable local applications that can be applied. When called to a case of pneumonia I invariably give a good dose of calomel, and follow with veratrum viride or aconite in sufficient doses to control the pulse and reduce the heart-beat—and don't be afraid to give it. (I prefer the veratrum, and have given as much as fifteen drops of the drug at a dose with only the best results.) The same may be said of the blister, no half-way measures, but put on one large enough to cover the inflamed lung and blister thoroughly. Is there any better method by which the current of blood to the lungs can be lessened and the inflammation thus limited? As soon as the pulse is sufficiently reduced, I then give the following to an adult:

R.	Ammon. carbonatis.....	drams iij
	Potassii iodidi	drams iij
	Tinct. digitalis	fluid drams ij
	Aquæ	ounces ij
	Syr. Aurantii cort. q. s.	ounces iv

M. Sig. Teaspoonful every two hours.

If the disease asume a typhoid condition or signs of heart-failure appear, I use alcoholic stimulants and strychnine, which latter drug is generally recognized as, and I believe it to be, the best cardiac tonic. In malarial regions, which is the case in my territory, an occasional dose of calomel will surprise you.

Such has been my treatment for pneumonia; and I have never lost a case in six years' practice. I am not, however, so credulous as to think I never will; for so far I have been so fortunate as not to encounter the disease in very old people or drunkards and in very young children. Others who have not, can try this treatment and be convinced, or go their own way.

Rolesville, N. C. LAWRENCE B. YOUNG.

Treatment of Pneumonia.

Editor MEDICAL WORLD:—I take it for granted that a physician knows when he has a case of pneumonia. If it is a patient that will stand the abstraction of blood and you see it before consolidation of lung, by all means bleed freely, then open the bowels by a calomel purge, and in forty-eight hours your patient will be convalelscent. Finish up with a tonic and keep flannel on your patient. Otherwise, if you see it too late to bleed, control fever with veratrum viride and quinine, with a good fly-blister, with expectorants and tonics. I don't remember when, if ever, I lost a case of pneumonia. If of the typhoid type, then treat similarly to typhoid fever and support your patient.

Woodstock, Va. W. S. CLINE, M.D.

Cause and Lesion of Pneumonia.

Editor MEDICAL WORLD:—If we may understand the tangible and avoidable causes of this very severe and serious disease, we may also hold the key to its most important indications for relief and cure. Medical and sanitary aid is never so effectively directed as when the prevailing source and precise nature of a disease are clearly, broadly and logically comprehended.

For several years it has been my settled conviction that pneumonia in general is a local and constitutional lesion, of the nature of influenza, but extending into the areas of the lungs; that the disease is attended with a local and constitutionally poisoned condition, marked particularly by pain and depression, and resulting from the same and similar causes which

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produce influenza or la grippe in general,—namely, the toxic carbonic oxide gases—common fuel gases—which are so commonly mixed with the breathing air of homes, business places, places of worship and public resort all over the country. Pneumonia may also result from exposure of the lungs unduly to close, filthy, poisoned, re-breathed air of unventilated or overheated and crowded places, large or small.

The symptomatic chilliness which frequently ensues is not the "cold contracted" on coming out into fresher and cleaner air—for tonic fresh air in itself is naturally sanatory—but the chill is a herald of vital depression through loss of oxygenation, and by vitiation of the blood and reduction of natural heat-making process in the system already accomplished. The tissues with which the poisoned air came in contact are already poisoned, a process of irritation has been already set into operation, pain and resolution or disintegration are almost bound to follow. Nervous depression and physical prostration but evince the fact of concurrent constitutional poisoning; and the treatment which ignores this profound truth, but depresses yet further in order to theoretically combat some visionary flame of inflammation and fear which it is apprehended fresh air would fan, and good diet feed, and a refreshing ventilated room aggravate, is the cruel overcautious treatment which helps to kill.

From coryza to pneumonia there are various phases and grades of influenzoid lesion and expression; but all on the same line of breathing tissues, all of the same line of pathological effects, modified and individualized by location, intensity, extent of invasion and systemic impressiveness. A common line of disorders, symptoms, suffering, involving the breathing channels, meets the reasonable demand for some common dominating cause of quite uniform nature, in operation among all people: a cause which by its nature and actual prevalence as per circumstances is calculated to invade and injure the air-passages by contact, injure the blood and nerve functions by toxic devitalization.

There exists and always has existed just such a cause in the common fuel gases, produced, overlooked, neglected and mismanaged to considerable extent in every house and habitation, every cabin and castle where fuel is used. Every appliance invented in the past ages, every means adopted for using fuel indoors, except the newer mode of heating by steam and hot water, have involved continuous or recurring dangers to the breathing channels and lungs by the backing and leakage of toxic carbonic gases from the fire kept alive for domestic and business purposes. If the matter of drafts be not intelligently and faithfully managed day and night, or if stoves and heaters work defectively, or open grates and fireplaces be too shallow, or flues choked, winds adverse, dampers drawn which cut off draft between fire and flue, then the fuel gases from combustion will and do back into the breathing air of any room, house, place where the fire is located, and from there spread to adjacent parts. Shops, stores, steam cars, small rooms warmed by stoves, especially churches and public halls where drafts and soot and rust-outs are neglected, all have their gas dangers to undermine the lungs of the unsuspecting. I have never known of a sexton or janitor who was a skilled fuel gas sanatarian: indeed there are comparatively few others who are.

The mistaken habit of sitting too near the stove, or open grate, or register from gassing heater, has caused many a pneumonia in the fagged, wearied and susceptible which might readily have been avoided. Most nasal and tracheal "colds" are local and systemic irritations from breathing heated, gassy, dusty air. How many take their "colds" at night, even while in bed? How many grow worse at night simply because shut up in gassy, poisonous house air? If local inflammation attack the upper respiratory passages, the lungs and pleura may escape. But if the system be depressed and relaxed, and the force of the invasion strike deeper, involving bronchi and lungs, the bar to recovery is greatly complicated. If the gas bear directly on the lung cells, blood corpuscles are injured, blighted, respiration embarrassed, oxygenation diminished, nutritive process of system interrupted—all this atop of the comparatively cauterized and inflamed surfaces involved in the lesion. Death is too often the natural result of not abating the cause of depression after the subject has been felled. Too often windows are kept shut, vital depression aggravated by overheated stifling breathing air, reeking with debris of profuse and exhausting sweating, the lungs fed nothing but devitalized refuse from heaters and gaslights and poultices and human exhalations—till the sufferer succumbs.

GEORGE B. H. SWAYZE, M.D.
1726 North 22d Street, Philadelphia.

Dosimetric Consideration of Pneumonia.

Editor MEDICAL WORLD:—This, like most of the special inflammations to which the body is subject, is generally due to some exposure that chills the surface, and the blood flowing to the more easily dilated interior, the special locality being determined by a present irritation, causes congestion, which, if not at once relieved, advances rapidly to inflammation of the part.

In the winter months, the pleura and its con-

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tents are more likely to be selected, because they are always more or less irritated by the cold air constantly inhaled.

The importance of these special inflammations is determined by the relative importance of the organ involved; the more vitally important the organ, the more complicated its structure, and hence the more difficult its treatment.

Pneumonia, therefore, demands our most careful, painstaking consideration. Here, however, as in all other inflammations, our duty is plain: we must help nature to re-establish the natural circulation and remove the exudates. If we are fortunately called during the congestion, this is quite easily accomplished. Aconitine, grain 1-134, amor., to dilate the capillaries, veratrine, grain 1-134, to assist aconitine and slow the heart, and digitalin, grain 1-67, to add force to circulation and prevent exudation.

This combination, very handily used in one granule, given every fifteen to thirty minutes till effect, will seldom fail to abort the difficulty. Should there be prostration with the attack, add arseniate of strychnine, grain 1-134, to each or every other dose of the above.

External warmth is a great help and should be secured and maintained by putting your patient to bed well covered, applying a thick jacket of raw cotton, with bottles of hot water, bricks, or other means of giving heat, under the arms and at the extremities. Poultices and sloppy fermentations, I abominate. They, with alcohol, have no place in modern therapeutics.

The bowels and kidneys should be freely acted upon by repeated doses of seidlitz salt, a heaping teaspoonful in one half glass of water repeated as required, and all possible measures adopted to bring about healthy reaction. If exudation has taken place, the digitalin in the above should give way to strychnine, and veratrine must be pushed till the heart's action is reduced to 80 or 85, and there it should be held. We should give aconitine, veratrine and strychnine together, with one of veratrine at the next half hour, and so on alternately until effect. This condition will usually be aborted without suppuration by a judicious variation of the above remedies, veratrine and strychnine being the most important, and the patient will go on to a clean, rapid convalescence.

With the above, opiates will seldom be required. If they are, use them. Codeine is to be preferred, giving one to two granules, grain 1-67, every half to one or two hours as needed. Expectorants are to be avoided, but if they become necessary, emetine, grain 1-67, every half to one or two hours with the codeine, is just the thing. If there is a spasmodic, asthmatic condition present, use apomorphine, grain 1-67, instead

While writing this paper a robust young man has called at the office, whom I treated for double pneumonia some years ago, to whom I was not called till complete hepatization had taken place. With exactly the above indicated treatment, his pulse was forced to and held below 90 and he went on to perfect convalescence. This patient was at a distance, and I depended on his mother to watch the action of the drugs and increase or decrease according to effect as noted by counting the pulse.

In a given case, if infection is suspected, a granule or two of calcium sulphide should be added to each dose of the other medicines, as, besides being the systemic parasiticide *par excellence*, it is a no mean antipyretic. In the later stages of every case it is excellent, exercising the above-noted function while at the same time it is a valuable expectorant.

In the treatment of pneumonia cardiac stimulants are usually required. Before exudation takes place digitalin is to be preferred, but later on, and especially in cases complicating other diseases, strophanthine or cactus, which stimulate the heart without raising the blood-pressure, serve a better purpose. A recent case of double pneumonia complicating a severe typhoid fever beautifully illustrated this point, where, replacing digitalin with strophanthine, grain 1-500, hourly, unquestionably saved a life.

The treatment of pneumonia with the ultimate active principles of drugs admits of no comparison with any method based upon crude preparations that must be broken up in the system and prepared for absorption at the expense of the already too little supply of oxygen present. In this as in all other conditions with which I am familiar and in which I have used both one and the other, the results with the alkaloidal dosimetric medicaments are incomparably superior. The duration is shorter, the suffering less, the convalescence much more rapid, and hence the tendency to relapses and unpleasant sequelæ almost nil.

I heartily recommend this method of medication to your most carful consideration.

Ravenswood, Chicago, Ill.

W. C. ABBOTT, M.D.

Notes Upon the Use of Dosimetric Granules.

Editor MEDICAL WORLD:—Having long been an advocate of small but frequently repeated doses of medicine, the dosimetric granules commended themselves to me for obvious reasons. I must confess, however, that it was with some trepidation that I gave the first doses of aconitine, digitalin, colchicine, and other powerful alkaloids; but I soon found that good results were not obtained because I did not give the remedy often enough, it was

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not continued long enough, or I had not selected the proper remedy. As I became familiar with the use of the granules I found that the failures were due to timidity in administration, and not to the remedies themselves.

I now give the chosen drug until the desired effect is produced, and am seldom disappointed in results.

Being a worker in a special field, that of electro-therapeutics, as most of your readers are aware, I have less use for internal medication than the general practitioner, yet I find the granules to be very useful adjuncts to my treatment. A few cases taken at random from my note-book will best illustrate my methods:

Mrs. F—— came suffering from loss of appetite, constipation, profuse leucorrhea and consequent general debility. In addition to my tonic electrical treatment she was put upon strychnine arseniate, grain 1-134, one three times a day, half an hour before meals, and increased to two granules, as indicated. This promptly toned up the heart. Quasseine, grain 1-67, two or three granules every three hours, increased the appetite. Before attempting local electrical treatment for the leucorrheal trouble, I determined to administer granules of calcium sulphide, grain 1-6, three times a day, and had the patient use a vaginal douche of hot water, followed by a pint solution of the thymoline compound tablet. This thoroughly cleansed the parts and the trouble rapidly subsided. I may add that I give every gynecological patient a few of these tablets with instructions as to their use, and in no case have they disappointed me.

Mrs. B. This patient was afflicted with cerebral hyperemia as determined by my electrical brain diagnosis. She was excessively nervous and excitable, easily worried about trifles, all ailments being greatly magnified. There were frequent and to the patient alarming vertigo, and, as is usual, considerable cardiac disturbance, but no organic heart lesion. In addition to the brain treatment, upon which I mostly rely in such cases, I gave the patient aconitine, grain 1-250, one every half hour until four were taken, or longer if needed, to allay excitement. I found the aconitine to work better in this case than did hyoscyamine, which was tried. I also gave strychnine arsniate, grain 1-134, one half hour before meals, and quasseine after meals. She made rapid improvement. I may add that she had taken bromide of potassium *ad nauseam*, but without benefit, before coming under my care. I am quite sure that the granules were of very valuable assistance in this case.

Mr. T., referred by a brother practitioner to me for treatment for rectal stricture. The patient complained of a peculiar distressed feeling in the left inguinal region, with what he described as a bearing-down sensation, and a frequent desire to go to stool. A watery discharge was passed, compelling the patient to wear a napkin at night. A stricture was found about two and one-half inches from the internal sphincter, which rapidly yielded to electrolysis. The rectum was daily flushed with a solution of the thymoline compound tablet. The discharge, while greatly lessened, was still quite profuse, and after a few weeks the patient was given granules of iodoform, grain 1-6, every three hours, which resulted in a still further lessening of the discharge, but at the present writing it has not wholly ceased. The patient was also given strychnine arseniate, three times a day, and a flushing of the colon, directed when a full movement was not otherwise obtained.

To abort a cold I give to a strong patient gelseminine mur., grain 1-250, two every fifteen minutes until the head swims. In some cases I give one granule of the drug every half hour during the day. This, while not acting as promptly, does not cause cerebral disturbance. For ordinary sore throat, without fever, I use cocaine hydrochlorate, grain 1-6, one every half hour or so. Let the granule dissolve slowly on the tongue, as far back as possible without swallowing it entire. I sometimes use atropine sulph., grain 1-500, for the same affection, but generally prefer the cocaine.

For insomnia, the granules of cannabin tannate will be found invaluable, especially for tired brain-workers. Give a sufficient number of granules to represent grains 1-2 or more, and repeat in half an hour or so if needed.

For habitual constipation, I have found Waugh's granules No. 1, very satisfactory, when used according to directions. They must not be given so as to produce catharsis; a laxative and tonic effect is the one to be obtained.

I found that I made more rapid progress in the intelligent use of dosimetric granules by studying the effects of a few drugs at a time, thus becoming thoroughly familiar with them, rather than by attempting to grasp the whole subject at once.

These observations are prompted by numerous inquiries as to how to use granules, and, if acceptable, I shall add to them from time to time.

W. H. WALLING, M.D.
1606 Green Street, Philadelphia, Pa.

ARE physicians good business men? Those that are will renew their subscription without delay (for "procrastination is a thief of time"); and while remitting for WORLD they will refer to our Order Blank and include with same order, Binders, Dr. Waugh's new book, Chart of Skin Diseases, "The Physician as a Business Man," etc. Perhaps the *best* business men will accept our offer of WORLD for four years for $3 to avoid sending every year. See Order Blank, page 36.

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CHART.

PHYSICAL METHODS OF DIAGNOSIS IN DISEASES.

Arranged by DR. C. W. GILBERT (after Loomis), Granite, Md.

OF LUNGS.	INSPECTION.	PALPATION.	PERCUSSION.	AUSCULTATION.	DIFFERENTIAL DIAGNOSIS.
BRONCHITIS.	Not visibly altered.	Normal vocal fremitus.	Normal pulmonary resonance.	Normal vocal resonance. Sibilant and sonorous râles on both sides of chest.	From phthisis, by absence of sub-crept. râles. Absence of bronchial breathing.
PNEUMONIA, ACUTE.	Movements more or less restrained. Diminished in second stage on upper side.	Vocal fremitus in second stage as a result. Increased.	Slight dullness. Marked dullness in second stage. The relations not affected by changing position of patient.	Crep't râles after exudation and during inspiration. Second stage, tubular respiration.	To one lung only. From edema, by the liquid character of râles.
EMPHYSEMA, PULMONARY.	Chest barrel-shaped. Ant. curvature of spine. Breathing labored, chiefly abdominal.	Vocal fremitus varies. Apex heart-beat sometimes much lower than normal. Mensuration. Increase of ant. post. diam.	Tympanitic sound, some pulmonary quality. Vesicular element to the respiration.	The ratio of sounds (expirat. and inspirat.) as 1: 4 instead of 4: 1.	May be confounded with pneumo-thorax.
PLEURISY.	Movement of chest little or none at seat of the fluid. In second stage, perfect immobility. Enlargement.	Vocal fremitus diminished, or (second stage) wanting.	Flatness to level of the fluid changed by changing position of patient. In sub-acute, extends beyond limit of lung.	The sounds suppressed below the level of fluid, exaggerated above. Absence of all sound, if pleural cavity be filled.	From Pneumonia and Tuberculosis by bulging of the affected sides. The effusion may not affect but one side. The signs are from below upward.
PHTHISIS, PULMONARY.	Some rapidity of respiration in second stage. Supra and infra clavicular region more depressed.	The depression best detected by this method.	Slight rise in pitch of sound. Second stage varies from dullness to tubular or "cracked jar" sound.	High pitched and tubular. Sub-crep't râles over apex of lung. Second stage, cavernous or amorphic breathing.	Signs usually from above downward. An entire lung not affected without involving opposite lung.

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CHART.

PHYSICAL METHODS OF DIAGNOSIS IN DISEASES.

Arranged by DR. C. W. GILBERT (after Loomis), Granite, Md.

OF HEART.	INSPECTION.	PALPATION.	PERCUSSION.	AUSCULATION.	DIFFERENTIAL DIAGNOSIS.
PERICARDITIS.	In second stage effusion. An arching forward. Resp. movement of left side diminished.	Point of apex-beat raised, and to left of normal; entirely suppressed in great effusions. Change of impulse by changing patient from lying to sitting posture.	Area of dullness enlarged vertically and laterally. Greatest area at lower portion of pericardial region.	Friction sound indistinct, to cease altogether. Heart-sound feeble or entirely lost. Resp. murmur absent over area of dullness.	No diagnosis without adhesion. Same causes. Dilatation and hypertrophy.
HYPERTROPHY.	Any visible impulse increased in extent and force.	Heaving, lifting impulse. If Hyp. of R. Vent. conduct to epigast. If of left, the apex beat several inches to left and below normal point.	Dullness increased laterally and downward. It points same as in palpation.	First sound, muffled, prolonged. Second sound, increased in intensity, more diffused than in health. Both often audible over whole chest. Resp. murmur diminished or absent.	From dilatation by the lifting, forcible impulse.
DILATATION.	Visible area of apex-beat increased.	Sometimes a purring thrill, especially if mitral regurgitation be present. See diff. diagnosis.	Increased dullness in horizontal axis.	Sounds short, feeble, seeming of equal duration. Resp. movement often feeble over upper portion of lung.	From hypertrophy by feebleness of cardiac impulse. Diagnosis in fatty heart very much same as in cardiac dilatation.
THORACIC AORTA. ANEURISM.	If sup. v. c. be pressed, the face swollen and livid. The pulsation of tumor synchronous with heart's systole.	Impulse sometimes obtained by pressure with both hands—one on the sternum, the other on back—or with fingers down behind sternum.	Dullness over the prominence or in neighborhood of the course of aorta.	There are heart-sounds, They may be equal to, weaker or louder. Less vocal resonance over the aneurism and over bronchi of lung.	The distinct tumor more apt to produce persistent swelling.

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Pneumonia.

Editor MEDICAL WORLD:—Pneumonia, pneumonitis, lung-fever and inflammation of the lungs are synonyms. Typhoid-pneumonia, pleuro-pneumonia, broncho-pneumonia, catarrhal pneumonia and lobar pneumonia, etc., are variations, differing in etiology, character and seat of the inflammation.

We shall only speak of pneumonia or lung-fever proper. Climate is possibly the greatest factor in producing pneumonia, and it is most prevalent during fall, winter and spring, when the greatest and most sudden changes occur. At times the disease seems to be epidemic and confined to isolated localities, but this is possibly due to atmospheric changes which elude our observation.

Dyscrasia and diathesis are important factors, also, in this disease. Habits are means of causing pneumonia. The sedentary are more liable if exposed to the inclement weather than those that lead a more active life; the former have not the power of endurance and resistance.

The diagnosis is generally easy. The location of the trouble at an early period is very pronounced, and the patient is very apt to know what and where his trouble is. The stages we shall not speak of except to say most authors claim three, while a few contend there are four, and we are inclined to agree with the latter.

The attack may be aborted if seen the first twenty-four hours; if it goes over that time, in nine times out of ten it must run its course; however, it is possible to abridge the first stage—and to abridge the first stage is abridging all—to less than two weeks, but more often four or longer, the resisting powers of the patient and nursing determining in a measure the duration of the attack, not considering complications to intervene.

The percentage of mortality is from ten to fifteen.

The treatment should be heroic at first. First of all, relax the system—and this is more easily accomplished by quinine and morphia and tr. aconite as a heart sedative than by any other treatment. After the first stage, the heart sedatives and morphia should be omitted to a great extent. After the first stage, we may begin the expectorant and solvent treatment and keep it up through the course of the attack, with hot applications—yet not vesicants—to chest, keeping them hot by frequent changing, or turpentine stupes in place of hot poultices. These measures, carried out in an attack of lung-fever without complications, will terminate in recovery in 95 per cent. of cases.

My expectorant and solvent treatment is the following, and it never disappoints me. Beginning after the first stage, yet omitting the spirits mindereri, it can be given during the first stage, although it would be liable to cause hemorrhage:

R. White pine expect.....ounces iij
Spts. mindereri.....drams vij
Ol. tar.....minim j
Tr. opii camph.....drams j
Am. chloride.....scruples ij
Pot. bromide.....scruples j
Chloroform.....minim x
M. Sig.—Teaspoonful every two or three hours, or often enough to control cough and keep expectoration easy.

Heart sedatives may be added to this if necessary, but after the first stage of pneumonia we must "go a little slow" with our depressants. We then alternate the above with the following:

R. Quinine sulph.
Pulv. ipecac co.....āā grains xxxvj
Pot. bromide.....grains xij
M. et ft. cap. 12. Sig.—Alternate with cough mixture. The bowels kept open with compound cathartic pills.

This treatment will cause free perspiration within twenty-four hours. Keep your patient from a current of air striking him, and he will recover quicker than you prognosed.

I should have said that the best sedative is Peacock's Bromides; this remedy seems to quiet delirium and produce refreshing sleep.

Egg-nog, beef tea, milk punches and nourishments of various kinds should be given often.

Havana, Ill. C. C. COOPER, M.D.

How to Abbreviate Epidemic Coryza and Tonsilitis by the Use of Sodium Bisulphite; also a Helpful Prophylactic Procedure.

Editor MEDICAL WORLD:—Believing in the bacterial source of these common affections, I ventured, some time ago, to suggest the employment of this germicidal salt in their treatment. A saturated solution was recommended, of which tablespoonful, or smaller, doses were to be taken every hour or two, until the increase of sulphuretted hydrogen gas became manifest. Resolution is usually set up in twenty-four hours, rendering the situation at least endurable, when a little astringent snuff completes the cure. In the event of any after-treatment being required, use spoonful douches of a solution of table salt and glycerine, of each one and a half drams in two or three ounces of tepid water, morning and evening. To each douche may be added a few drops of a hydrogen dioxide solution, of a two to four per cent. solution of atropine, or four per cent. cocaine, according to the indications. If there are evidences of debility, the Lacto-Peptine, Elixir Phos.-Ferri, Quin. et Strych., or any tonic containing strychnine is indicated. My personal experience with this regimen is that acute tonsilitis ceases to be a dreaded sequel to a cold in the head.

Let me further note a simple prophylactic procedure which often confers immunity upon susceptible individuals of the same afflicted

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family. Briefly, it is to wear during the epidemic a little pledget of absorbent or camphorated cotton in each nostril. Respiration need not be obstructed, and even after the disease is established the cotton prevents the further invasion of microbes, and measurably does away with the sensation of rawness so characteristic of acute rhinitis. The expectant or "wearing out" treatment is no longer permissible in these cases. C. M. FENN, M.D.

San Diego, Cal.

Treating Malarial Fever in India.

Editor MEDICAL WORLD:—I will give you my method of treating malarial fever. As the greatest effects of quinine when given by mouth are exerted about five hours after administration, I give it five hours before its expected attack. I also give, at the same time, a powder containing seven grains of antifebrine, saying that if fever comes, to take the powder after the fever *has been on one hour*. I find that any of the coal-tar antipyretics, if given at once at the onset of the fever, especially if given in the shivering stage, have no effect whatever. But let the fever reach its acme, and it can be cut off at once, usually.

The next day I inquire as to how the fever was after taking the medicine. If fever failed to appear, I simply give a little quinine to be taken, for two or three days, as a preventive. If the fever did come, I ask if it came before or after the expected time. If before, I consider it a sign that it is gaining on the patient, and give a larger dose of quinine, usually ten grains, and direct it to be taken six or seven hours earlier than the preceding day. If later, I consider that we are getting the better of the fever, and give the same dose of quinine as before, say five grains, and direct it to be taken a little later. Antifebrine as before. The above meets almost all cases of fever which I meet in India.

But occasionally the fever comes earlier and earlier each day and is more intense. In these cases I give Warburg's tincture, half an ounce six hours before the expected attack, and two hours later another half an ounce; and ten grains Dover's powder as nearly as I can, one hour before the attack is to come on.

In case the fever becomes continuous or otherwise obstinate, I resort to hypodermic injections of quinine. For this purpose I use the neutral soluble sulphate of quinine, put up by Ferris & Co., Bristol, England (two shillings an ounce). This dissolves readily in distilled water with the application of heat. It does not corrode the needle, neither has it ever in my experience produced abscess. Some pain commonly follows, however, after a few hours at the seat of puncture. This may be almost completely dispelled by laying over the place a double folded cloth wet in water and fanned vigorously, or by otherwise applying cold. I should also say that I open the bowels vigorously in obstinate cases with a calomel purge.

FRANK VAN ALLEN, M.D.,
Madura, India. Medical Missionary.

Amenorrhea.—Typhoid Fever.

Editor MEDICAL WORLD:—Dr. D. W. Tice, Troy, Mo., asks what has caused the amenorrhea in his patient (page 434) I will not try to answer the question, but will relate a case that occurred to a patient of my own.

Mrs. B., married, first confinement at 20, second at 22 years of age, has always had good general health, is now 47 years of age, but has never menstruated since the birth of her second child, at 22 years of age. What was the cause? My own solution is simply premature menopause; certainly there was no apparent pathological condition in Mrs. B's case.

I have just read with much interest Dr. G. W. Nafe's success with the knee-chest position in mal-presentations. I shall try it when a case occurs that requires it. This interchange of opinions and experiences through THE MEDICAL WORLD is what makes it such a success. And, by the way, I have treated several cases of typhoid fever again this year, all medium in severity except one bad one, and thus far have saved one hundred per cent. as I did last year, by treating every case entirely without cathartics, and keeping the bowels in as healthy condition as possible by the use of sulpho-carbolate of zinc. When the bowels do not move voluntarily every day, use a large enema of water, slowly injected; this will flush the colon and do all the good and none of the harm that cathartics will do. Of course I attend to all other details of treatment, diet, etc.

Albany, Vt. J. C. CAMPBELL, M.D.

To Quickly Sterilize Instruments.

IN Von Bergmann's clinic, his assistant, Dr. C. Schimmelbusch, accomplishes this object completely by boiling the instruments for five minutes in a one per cent. solution of washing-soda—a process which can be carried out in any private house.

DEAR DR. WAUGH:—I have just received your "Outlines of Treatment" from the dosimetric standpoint. You have done much toward teaching how to use the granules. So I return you thanks for the advice set forth in your vest-pocket companion, which should be in the hands of all physicians as a useful, reliable guide for the physician at the bedside.

Very respectfully,
3640 Cottage Grove Ave., Chicago. W. W. HESTER.

Price 50 cents. See order blank page 36.

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Gonorrheal Rheumatism.

Editor MEDICAL WORLD:—The best treatment I have ever used for gonorrheal rheumatism is wrapping the joint with a cloth saturated with a solution of bichloride of mercury, four grains to the ounce, and surrounding the cloth with oiled silk.

I am skeptical about internal treatment. I have tried proto-iodide of mercury, potassium iodide and all the anti-syphilitics Many cases lasted two or three months; now the intolerable pain and swelling begins to subside in a few days, and the recovery is prompt.

C. B. HUTCHINS, M.D.

712 Pitt Street, San Francisco.

Stricture of the Rectum.—Hydatids, or False Pregnancy.

Editor MEDICAL WORLD:—In answer to inquiry on page 457, by H. Moscourtz, of Hot Springs, Ark.: Determine the nature and cause of the stricture; if due to obstruction in rectum, for example, polypus, tumor or hemorrhoids, remove. If caused by stricture, dilate either by graduated rectal dilators or rapidly, under the use of anesthetics, using the knife to overcome any restricting bands. By all means learn the cause of the obstruction and I will be glad to render you further aid.

In answer to the communication of Dr. J. J. Waller, of Oliver Springs, Tenn.: The case was evidently one of "hydatids" or what has been termed false pregnancy, due to degenerated chorion after a premature expulsion of fetus. Prognosis good, in so far as recovery is concerned, but if she becomes pregnant again it is prone to repeat itself. I attended two sisters who suffered similarly each time they became pregnant; one five times, the other three times. Treatment curetting. Of course if we were dealing with a case of true hydatids due to the acephalocyst, the outlook would be grave; but in those which might more appropriately be termed false hydatid cysts, our treatment is very effectual for good, and recurrences are not likely to occur except as above stated when pregnant again.

M. I. BUCK.

805 N. Charles Street, Baltimore, Md.

Reply to Inquiries.

Editor MEDICAL WORLD:—I would suggest to Dr. Hixon (page 393, October WORLD), that he try for his case of obstinate constipation, Peacock's chionia; a teaspoonful one hour after meals, and every morning before breakfast a teaspoonful and a half of pulverized soda sulph. and magnesia sulph. combined, in a tumblerful of cold water; also after each meal a tablet or pill containing pepsin and capsicum; the latter preparation will warm the stomach and dispose the bowels to respond to laxative properties of drugs used. Such cases need persistent treatment in order to benefit permanently. Stir up the sluggish liver by using chionia for months. if necessary. Correct diet by excluding bolted wheat flour bread and all condiments except salt. Let ripe sub-acid fruits form as large a portion of regimen as possible. If animal food is used it should be thoroughly broiled or stewed, never fried. At a regular hour daily let an effort be made to evacuate bowels. Kneading bowels for five or ten minutes during the effort will aid peristaltic action.

I will say to Dr. H. (page 391), try dioviburnia for your case of chronic endometritis, enjoining at the same time rest in the recumbent position for at least eighteen hours out of twenty-four, with hips, if possible, higher than shoulders. The pain and fullness in heart, and also the torpid liver causing constipation are likely mainly due to reflex action from pelvic organs. It is also of much importance to regulate the diet to the end of rendering the bowels soluble.

I would say to Dr. H. (page 392), the pain and cramp apparently in cut-off hand is no doubt of rheumatic or gouty origin. Treat him for urid acid diathesis by enjoining entire abstinence from animal food and alcohol and have him take the juice of one lemon a day with four doses of one grain each of citrate of lithium. Each dose taken in a tumbler of water.

White Cloud, Mich. W. C. DERBY, M.D.

McLaren's Operation for Strangulated Hernia.

DR. A. L. MCLAREN, of Port Huron, Mich. writes us that he operates on strangulated hernia by a new and novel method hereuntofore unknown in surgery. He injects into the hernial sac, from a hypodermic syringe, glycerine (say three or four drams in the case of a child), waits an hour or so when the feces are found semiliquid, then uses taxis. No after-consequences result, and the use of the knife is wholly unnecessary. He bases his operation upon the fact that glycerine will liquefy the hardest feces in a short time, when taxis completes the operation.

"MONEY TALKS."

Please note the following private letter from an eminent physican and surgeon.

Dr. J. J. Taylor.—Allow me to say in regard to the "Physician as a Business Man," that I received $5.00 of value from it, ere I had the book fifteen minutes.

Yours very truly, GEO. S. HAZARD, Ph. G., M.D.
1 Blue Hill Ave., Boston, Mass.

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Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

We received many very kind letters from our readers in regard to our editorial, "Instruction in the Preservation of Life," in our last July issue. Some asked for reference to a suitable book to place in the hands of young women, giving special needed instruction to them. We have deferred replying to these letters thus far because we did not know of any exactly suitable work to recommend. We now take pleasure in referring them to "Our Girls," a private companion for young women, price $1, published by Fowler & Wells Co., 775 Broadway, New York.

Editor Medical World:—Some time since I was called to see a lady in premature labor, who said that she was at about the fifth month of gestation.

I found her looking entirely bloodless, quite weak, and with an abdomen a third larger than I had ever seen, in her case, when at full term, (I having delivered her some three or four times before), which she said had come on within the past two weeks, and that her strength had failed as rapidly as her abdomen had enlarged. I at once diagnosed the case, in my mind, as one of concealed hemmorrhage, though said nothing in regard to the matter.

She had no pain when I arrived, but told me that she had felt something pass from her. Upon examination I found a dead fetus, about five inches long, of a tawney brown color, that had apparently been dead for several weeks.

The cord, which was very small, parted from handling, and not a drop of blood or moisture could I discover of any kind about the bed. The patient said that she had had several slight pains before my arrival, but that after the fetus passed the pains stopped.

Upon introducing my index finger into the vagina it came in contact with an elastic resistance that appeared to be very tightly drawn across the entrance of the womb, concealing it entirely. The obstruction appeared convex, quite elastic and strong. After several unsuccessful efforts to rupture it with my finger, it proving to be the placenta, I took a lead pencil, and laying it on the palmar surface of my finger, with the point projecting slightly forward, and placing it together with the finger against the center of the obstructing body, and now telling the woman to bear down, I made a forward and downward pressure, when of a sudden a rupture took place, and a stream of black blood as large as the wrist of an ordinary sized man rushed from the parts with a gurgling sound that could be heard all over the room.

The fetus and small sack, barely large enough to hold it, must have been suspended in the vagina, containing, perhaps, a spoonful or so of water; not enough, however, to attract notice. There was no possible way by which the fetus could have escaped from the womb without letting out the great quantity of blood accumulated in that organ. Hence the placenta must have been attached to the cervix, as above stated.

The patient being very weak, I hurriedly removed the small ruptured placenta, without thinking to examine just how and where it was attached.

The hemorrhage can only be accounted for by assuming that a large portion of the central attachment of the after-birth had given way from the weight of the fetus and sack, aided by some sudden jar or motion.

The rupture not extending to the outer edges of the same, which, from the unnatural position, and perhaps exposure to air, had become more firmly cemented than when naturally located.

The mouth of the womb being naturally enlarged by reason of the pregnancy, readily yielded to the flow of blood, which, failing to find an outlet below, was forced upward into the body of that organ.

The placenta, which held to its attachment with considerable tenacity, and was removed after the flow of blood had ceased, was, perhaps, three and a-half inches in diameter, of a pale, bloodless color, and rather thin, but firm and strong. How to account for the yielding of the womb to so great an extent, admitting this to have been an extra-uterine pregnancy, I hardly know, unless from the fact that the tissues becoming weakened, offered less resistance as the patient lost more and more blood, the placenta, in the meantime, refusing to let go, so far as to give an outflow to the accumulating fluid.

But as I have already written more than I intended, I will not intrude further upon your valuable time. The matters and things as stated above, however, being strictly true in the main, I would be pleased to learn through the columns of The World what its many intelligent readers think of the case, and of my own ideas as to the same.

J. A. Ward, M.D.

Troy, Mo.

Editor Medical World:—I would be glad to have help in the two following cases:

Case 1. Mrs. P., aged 51, of rheumatic family; menses came on at the age of 13 and continued regularly till 40, except when pregnant or nursing.

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She was married at the age of 15, and is the mother of seven children, the youngest of which is 13 years old. She has led an active life, working in the field before she was married, since which time she has been engaged in the duties of housekeeping.

She had typhoid fever when she was 14 years old. At the age of 20 she had an acute attack of rheumatism, which came on abruptly after some days of general indisposition, and continued for three or four weeks, when she gradually improved until she got able to attend to her household duties again; but has never since been entirely free from pain.

She noticed about twenty years ago, or at the age of 30, that her kidneys were not acting well, that her urine was sometimes abundant and pale; but generally scanty and high colored, depositing a red sediment on the bottom of the chamber when allowed to stand. Sometimes on standing it has a milky appearance and the deposit is white. The urine at present is of acid reaction, high specific gravity (1024), contains neither albumen nor sugar, and in amount is from twenty to twenty-five ounces in the twenty-four hours. She says she feels best when the urine is foul. Her appetite is generally good, but she has had indigestion for the last twenty years, with occasional attacks of colic. Her bowels are generally torpid, except when she uses an enema. She has never been a great, meat eater, but is fond of vegetables.

She drinks very little water, not averaging more than two swallows a day. She drinks two glasses of milk and two-thirds of a cup of coffee, making in all not more than one and a half pints of fluid in twenty-four hours.

Three and a half years ago her fingers and toes became painful, the pain gradually extending up the limbs, affecting the larger joints until all of the joints became involved. She grew worse for six months, when she was, for a short time, confined to bed, and has not been able to walk since without the aid of crutches. Her fingers, wrists, knees and hips are most affected. From long disuse, the muscles of her arms and thighs are much wasted.

She has a numb, aching feeling in her limbs. In the morning they are cold; in the afternoon there is a sensation as if hot water was being poured on them; she is very easily chilled and suffers a great deal with cold feet; her skin is very dry.

She states that no treatment she has yet received seemed to benefit her much. She recently came under my care. I put her on phosphate of soda, a dessertspoonful in a cup of water half an hour before meals, and twenty grains of acetate of potash two hours after meals, and fluids, mostly water, eighty ounces a day. This treatment has had but little effect on her general condition; but it gives her a free action of the bowels once a day, and has increased the flow of urine from twenty to fifty ounces in the twenty-four hours.

Case 2. Wilmer D., 5 years old, female. Family history good. The child got a fall when she was 3 years old, causing a severe bruise on the forehead in the edge of her hair, one and a half inches to the left of the median line and three-eighths of an inch above the brow, which resulted in a severe abscess which lasted for four months, when the child seemingly recovered and remained well for a year. The child now began to have spasmodic contractions of the left big toe, the flexors predominating. The spasms first came on about twice in twenty-four hours; but they soon became more frequent, also increasing in extent and severity until, at the end of six weeks, they came on as often as eighteen or twenty times in twenty-four hours, affecting the whole of the left side and to a slight extent the right. She never loses consciousness, but always falls when the spells come on. She was put on bromide of potash, chloral and ergot, which controlled the spells for a while; but they soon returned, and the bromides had to be given in increasing doses to control them, until she is now taking two drams of bromide of potash and one dram of bromide of soda in twenty-four hours. She is still having two or three spasms a week. Lately she has become quite nervous and has an imbecile look. She tumbles very easily. I would be very glad to have some members of THE WORLD family express themselves freely as to diagnosis and treatment in the above cases. As it will be some time before THE WORLD will come around again, I would be glad to have several write me a private letter, while some, especially Prof. Waugh, answer through THE WORLD. The family in the second case will not submit to the trephine, hence the treatment must be medicinal. Is the effect of such heroic doses of bromide worse than the disease itself?

Unionville, N. C. GEO. B. NANCE, M.D.

What Will Cure the Cocaine Habit?

Editor MEDICAL WORLD:—I am a practitioner of twenty years' standing and in my forty-seventh year; yet for all my years and experience I have to confess to many of the weaknesses of poor miserable humanity; and without further preface shall proceed to lay my case before the host of readers of your valuable journal, hoping that some of the great medical luminaries may, in the largeness of their heart, take my humble case into consideration and thereby help a struggling brother out of his difficulty. The facts are as follows: For upwards of a year and a half I have been tam-

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pering (personally) with that valuable yet very seductive drug, cocaine. I don't know whether I am a habitué or not, but I do know that at times it has a strong hold upon me. I began using the drug locally for hemorrhoids in combination with other remedies, and I soon discovered its physiological effect, giving me a very cheerful and buoyant feeling and a happy condition of mind peculiar to itself. I then experimented with it through the nares, and have been using it in this way off and on for some time. I can give up the use of the "stuff" for days and even weeks by a strong mental effort (becoming weaker the longer and oftener I resort to it), provided I do not come in contact with it; but having occasionally to make use of it in my practice, the craving returns, and as long as a grain remains within reach, I can't resist its seductive influence. At times I purchase it for my own use; and the inclination for so doing grows steadily upon me. Now, my dear doctors, what I desire is that some of your numerous patrons may be able to tell me the proper course to pursue toward relinquishing its use and thereby emancipating myself from its baneful influence.

Allow me, in conclusion, to advise in my humble way my brother doctors to be very circumspect in the use of this valuable remedy among their patients; for the habit is easily acquired, quite as easily per rectum and nares as through the stomach or hypodermatically, authorities to the contrary notwithstanding. This medicine will not cure, but cause catarrh if applied for any length of time to the Schneiderian membrane. I speak from experience.

MEDICUS.

Editor MEDICAL WORLD:—Mrs. H. S., aged 43, white; occupation, farmer's wife; mother of three children, youngest 8 years; height 5 feet 4 inches; weight 130 pounds; life, abode, occupation, social surroundings, all favor health; no family hereditary diseases and no clue to any acquired.

About three years ago she commenced noticing that her hands and feet became blue on exposure to falling temperature and that she could not stand much cold water. Otherwise reasonably well, excepting a little lassitude—not so much energy as usual.

The ability to stand cold weather is lessening each year, and the bluish-black color is increasing, till at present you can always notice the bluish color in her face, which, on exposure to any kind of cold, becomes about the appearance of coal soot, a little more bluish, but of a dirty color; both arms and left foot are the worst. She is without pain or any signs of organic disease that I have been able to discover. Treatment by iodides, arsenic and tonics has seemingly improved her general condition to all that could be desired, with no impression on colors or ability to stand cold.

Brush Creek, Pa. H. I. NEELY, M.D.

Editor MEDICAL WORLD:—I have an inveterate case of eczema of the anus. It is a woman who has not passed the climacteric. She digs, scratches and, I fear, swears all night. Ten of my confreres have had a lick at her. I am the eleventh. If she gives me fits to the next doctor the way she did the other ten when she came to me, my chance in the next world will be one of eternal punishment. In the words of the whipped soldier, "Come over and help us." If any one can give me any cure, let him step to the front. M.D.

Expert Testimony.

Editor MEDICAL WORLD:—1. Can the commonwealth *compel* a medical expert to give testimony without paying him *as an expert?*

2. Can a party to a suit *compel* you to give testimony as an expert without payment before you testify, if you (the expert) demand it?

3. Can a medical society fix the fee for expert testimony and collect it the same as any other fee?

Give us all the information you can on this subject. EXPERT.

Opinion Wanted.

Editor MEDICAL WORLD:—Miss S., age 20 years, blonde, weight 105, came to my office May 31st, complaining of dull pain in right side, just at the edge of the ribs; shortness of breath, weakness, and very poor appetite. Menses irregular, sometimes every three weeks, and rather scanty. She had been complaining thus for two months. She said she thought all she needed was a tonic or something to give her an appetite; she thought an examination unnecessary. This is as near as I can give symptoms.

June 18th, she again called, saying that for a few days she felt better, but was then as bad or worse than at her first visit. The symptoms she gave me were a repetition of what she gave on the first visit on May 31st. On examination, I found dullness extending as low as the crest of the illium, and slight dullness over the entire abdomen; temperature, 101°. I visited her every day after June 19th. Within a week from then, the lower lobe of the right lung was completely hepatized, her temperature by this time being, in the afternoons, 103°. Dr. — was then called for in council, he meeting me every day or every alternate day for eight days, when

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we found crepitation in left lung posterior; temperature, 104.5°; pulse, 130 in afternoons. Dr. — then expressed himself as having but little hope. On his visit the next day he found her better, with temperature 100°. I told him what I had given, and from that time she improved until I discharged her, July 25th.

The peculiarities in the case are these: During the entire time of her sickness she did not cough, expectorate or complain of pain—nothing but a feeling of weakness.

I have withheld diagnosis and treatment, hoping that Prof. Waugh and the brotherhood will give diagnosis and appropriate treatment in full in this case. DR. R. F. B.

[Since the recovery was so satisfactory, it is fair to assume that the treatment was the proper one. It is in order for the Doctor to give us his treatment in the case.—ED.]

Editor MEDICAL WORLD:—Will any one of the numerous readers of THE MEDICAL WORLD please give information: Which of the three methods for removing hemorrhoids is preferable, viz., injection, of carbolic acid and sweet oil (1:3), or 1 part carbolic acid and 5 parts of water and 5 of glycerine, or thermocautery?

INQUIRER.

Editor MEDICAL WORLD.—The writer of these lines, a steady reader of THE MEDICAL WORLD, would be thankful to any one for an article in your next issue, giving the process, or *modus operandi*, of artificial impregnation, the success of which seems well acknowledged by French practitioners. What kind of syringe is used in the operation? How is the seminal fluid received into the syringe? Is it from the vagina where deposited by man, or from a vase into which ejaculated? What special care is needed to make this method of impregnation successful, and to what extent is the practice carried on this side of the Atlantic?

QUEBEC.

Editor MEDICAL WORLD:—I want help and will give as true history of the case as I can. A married man, 40 years old, has wife and five children, has been married nineteen years; complexion fair, light hair, blue eyes; five feet five inches tall; weight, 180 pounds; had gonorrhea when he was 20 years old, and orchitis in left testicle; made good recovery; has suffered with gastralgia or cramping in the chest at times for thirty years. He has ridden horseback constantly for eight years until two years ago. He drank a few drinks of whisky nearly every day for several years until I had him to stop it, some months ago; smoked several cigars each day until September last, when I had him to stop them. He is the very picture of health. I have used the steel sound and find the urethra very tender.

At times he has cutting pains in the lumbar region. His principal trouble is that he can not get up an erection. He has a desire to have connection with his wife, but can not get an erection more than once a month, and then not a complete erection every time. He noticed his inability to get an erection some six years ago, and at that time he had hardly ever taken a drink or smoked a cigar, and he has been gradually failing ever since. I have had him to take fluid extract damiana, nux vomica, etc., etc., and, while he is taking six or eight teaspoonfuls of fluid extract damiana a day and nux vomica, after a few days he gains some of his powers of erection. I have examined his urine and find a considerable amount of urates and some phosphates. If any one can give me any help through THE MEDICAL WORLD it would be a great favor, as I am getting discouraged and I know my patient must be. He rode horseback continually day and night for six or eight years, but for two years he has traveled in a buggy. I want to hear from some of the old practitioners of THE WORLD family that know from practical experience of some treatment that promises relief. MEDICO.

DR. J. O. KENT would be pleased if some one who has made a special study of the subject would write giving the effects of cigarette smoking and other modes of using tobacco upon the health of young persons.

DR. J. W. LIDE, of Carlisle, Ark., wants a successful treatment for membranous croup.

CORRECTION.—In the formula, "A Useful Ointment," page 458, December WORLD, the last ingredient should be ounces ij instead of dram j.

H. E. MITCHELL, M.D., of Bedford, Quebec, Canada, writes that, after two successive attacks of the grippe, he is left with a tinnitus aurium. He would like treatment.

THE use of *chloride of ethyl* is becoming very popular as a local anesthetic, especially in the removal of sebaceous cysts, in the Jefferson Medical College surgical clinics.—*Col. and Clin. Record.*

PLEASE do not procrastinate; send subscriptions *now* for 1893. There is no time like the present.

W. G. MACLACHLAN, A.B., M.D., of Ettrick, Wis., writes: "'The Physician as a Business Man' has been money in my pocket."

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Current Medical Thought.

Pilocarpus and Aselepias for Pneumonia.

Dr. J. W. Huckins, of Danville, Cal., reports in the *Electic Medical Journal*, unusual success in the treatment of pneumonia by the frequent administration of small doses of jaborandi (*pilocarpus pinnatifolius*) and tincture of *asclepias tuberosa* ("pleurisy root").

The Doctor quotes from Webster's "Principles of Medicine" as follows:

"Jaborandi, in minute quantities, improves the power of the heart and blood-vessels to carry on an equal and active circulation, but in full doses its inhibitory effect is speedy and marked, the pallid, cold, clammy surface evidencing rapid departure of the blood from the superficial parts." . . . "It is applicable, in appropriate doses, to almost any febrile or inflammatory condition. In almost any febrile or painful condition, where the skin is persistently dry, we need this remedy especially, but it is not contra-indicated if this symptom be not present."

A New Professorship in Jefferson Medical College.

At a meeting of the Board of Trustees, held on Wednesday, November 30, 1892, Dr. G. E. de Schweinitz was, on the unanimous recommendation of the Faculty, elected Clinical Professor of Ophthalmology in the Jefferson Medical College.

The Treatment of Pneumonia by Cold Compresses and the Cold Bath.

This is a subject of great interest and much inquiry at the present time. That it is not at all new is evidenced by the fact that it was in use in the time of Hippocrates and was advocated by others from time to time, down to the gifted Niemeyer, and by many eminent practitioners at the present day. The subject is such a fruitful one for discussion that we find we could appropriately have limited this entire number to this one phase of the treatment of pneumonia. We will make a few abstracts from current literature upon the subject.

Under the title "Croupous Pneumonia can be Aborted," in the *Medical News*, October 22, 1892, Dr. Gundrum, of Escandido, Cal., thus describes his treatment of a young lady:

"With the consent of the patient and her friends, I was allowed to try the 'new treatment.' A large tub was obtained, filled half full of 'chunks' of ice, and then nearly filled with water. This was stirred rapidly until the temperature of the water came down to 60° F. A large double woolen blanket was wrung out of this water, and the patient was then wrapped in it from the chin to the toes. It was changed every thirty minutes until the temperature reached 104°, when the cold pack was not allowed to come below the middle of the thighs. At 1 A.M. the temperature fell to 102°, when only the chest and upper part of the abdomen were enveloped; by 6 A.M. the thermometer stood at 98°, the pulse at 60 and the respirations at 16, with the face pale. The patient was then thoroughly rubbed, put into warmed blankets, hot bottles applied to her feet, and a half-ounce of brandy administered. She fell into a quiet sleep. At 10 A.M. I examined the chest again and found no trace of the crepitant râle, and only a few moist râles at the base of the left lung. She received also a few drops of the fluid extract of veratrum viride; then two drops every hour for four doses; then one drop until 4 A.M., when it was discontinued, it having lowered the pulse sufficiently. The patient made a rapid recovery.

"I consider the application of cold to the chest a great, if not absolutely the greatest, therapeutic agent that we have in acute labar pneumonia."

Surgeon-captain George S. Thomson, M.B., I.M.S., staff surgeon, Deesa, India, thus describes, in the *Indian Medical Record*, September 1, 1892, the treatment of a man with left labor pneumonia by cold compresses:

"He was given a hypodermic injection of morphia—half a grain of the hydrochlorate—for the relief of the pain of the chest, and cold-water compresses were applied to his left chest as follows: A waterproof sheet was spread under his body, and pieces of lint, about six inches square, were dipped in as cold water as could be procured and applied to the skin of his chest in a series of saturated folds of four thicknesses each, to the number of twenty separate pieces.

After the last required to cover the chest was applied, the first piece was removed, again damped in cold water and reapplied, and so on *seriatim* till all were reapplied; and this was done for four times at each sitting, which occupied less than half an hour. The chest was then dried and covered with lint in a single fold, over which ordinary bedclothing was placed. The result of this course of treatment was that the temperature fell at once to 98.8° F., and the patient expressed himself as feeling much relieved. The pain in the chest returned on the second day afterwards and was relieved by an injection of half a grain of morphia.

The physical signs improved rapidly, and on

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examination stethoscopically on January 26—two days after admission—*crepetus redux*, returning breath-sounds and general clearing up in the lung was made out. His temperature never rose above 99.6° F. after the first thorough application of the cold compresses, and only reached that point on one occasion. The patient was discharged on February 1, having been kept under careful observation during the interval. He could have gone out on January 27, but he was weak, and, besides, I wished to watch the result of the treatment to the end."

The author gives the following personal views on the subject:

"No single therapeutic measure, in my experience, has yielded such good results in the treatment of acute pneumonia as the systematic use of cold compresses; and I am convinced that by their use the disease has been aborted when they have been employed near the onset of the attack.

"Their use constitutes a safe and highly successful treatment, and repeated at short intervals, even after the disease has established itself, gives results more successful than any other single method of treatment, besides being safe and not unpleasant.

"The temperature is reduced with certainty, the dyspnea and pain lessened, and the duration of the disease considerably shortened. Out of nine cases, taken as they occurred, all have terminated in complete recovery, five of them by lysis during the first five days of the disease, and four by crisis, all on the first day of the disease. In most cases pain in the chest returned and remained to such an extent as to cause the patient to complain of it for some days after the temperature fell to normal and dyspnea had disappeared, the physical signs at the same time showing that the air was freely entering the air-vesicles, so that the pain complained of was most probably pleuritic in origin.

"Indeed, in most of the cases—seven out of nine—it was noted that a pleuritic friction-sound was present coincidently with the subjective painful sensation."

Dr. Fred. W. Jackson, of Brockville, Ont., Can., gives an exhaustive article on the subject in the *Therapeutic Gazette* of October 15, 1892. The following is the method as he describes it:

"A large towel was wrung out of ice-water, and the thorax enveloped in it. A comparatively dry towel was laid over it and a binder of flannel or cotton held all snug. The ice-water towel was changed as often as necessary, in order to ease the pain and reduce the temperature. When the pain or dyspnea was severe, or the temperature high, the intervals would be short—say five or ten minutes. As the symptoms improved, the changes were made only as the towels assumed the heat of the body. The face and limbs were frequently sponged with the ice-water, and, when required, a cold compress was put upon the brow.

"The medication was confined to promoting a critical perspiration. This was effected by large doses of liquor ammonii acetatis and spiritus etheris nitrosi, well diluted, every hour. In one or two cases this had to be supplemented with pilocarpine muriate. No alcohol was required, except in the fatal case referred to. Antipyretics of the coal-tar series were not used, except in the one case just mentioned. The diet was principally of milk, and liberal in quantity. Incidental symptoms were met as they arose. In none of the cases was there any expectoration to mention; in some none at all, in others but a little. Free perspiration was usually succeeded by copious diuresis. As a precautionary measure, a wet compress was worn for twenty-four hours after the crisis, and changed when it became dry.

"In order to obtain the effects to be desired in this treatment, the cold must be freely applied, and with a firm hand, until the effect of a reduction of temperature and arrest of symptoms occurs.

"The treatment is grateful to the patient. It can be managed without incommoding the sufferer, by the exercise of a little ingenuity. It is prompt in its effects for good, and it is easily applied."

The following are some of the cases reported by the doctor:

"During the past winter I treated about twenty-five cases of pneumonia upon practically this one line of procedure. The results were excellent in every way. The recoveries were prompt and rapid in all the cases but two. Of these, one was very prolonged, being secondary to la grippe and complicated with fibrinous pleurisy, and the other died. The latter was a hospital case—a poor, miserable woman, who had led a wretched life. There was albuminuria, due, as post-mortem examination revealed, to cystic degeneration of the kidneys, and also concurrent peritonitis. So I do not think that any treatment whatever would have altered the result. I do not propose to go into statistics, for my cases are too few. But the beneficial effects of the treatment were so prompt and so apparent, *in the face of the greatest prejudice and opposition*, that they carried conviction to the most unbelieving. I have seen the application of ice-cold compresses terminate a case of double pneumonia of the base by crisis in sixty hours. This case was characterized by severe dyspnea, pain and a temperature of over 105° F., with total absence of breath-sounds at the bases when first seen.

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Another patient, a woman of 74 years, with consolidation of right base, recovered in four days.

A baby, 2 years of age, with catarrhal pneumonia, most marked on the left side, was quite convalescent on the third day.

A laborer, 34 years of age, with consolidation of right base, delirious and much oppressed for breath, required but two days' attendance.

A bride, 22 years of age, who had been undergoing the usual round of festivities, awoke, after a particularly fatiguing party, in a feverish and lethargic state. Called immediately, I stated the probability of pneumonia ensuing. After twenty-four hours there was the characteristic fine crepitation and stitchy feeling to the breathing; temperature, 105⅘° F.; pulse, 130. Ice-cold compresses aborted the lung lesion entirely and produced a critical perspiration in thirty hours, at which time the norm was reached and persisted."

The author enthusiastically concludes as follows:

"With the experience of the free use of cold, in the manner herein outlined, and in view of the etiological considerations advanced, I feel that a new and happier era is dawning in the treatment of pneumonia."

The successful employment of the cold bath is described by Dr. Wilkins, in the Montreal *Medical Journal*, July, 1892. The patient was a man, 20 years of age. "The case was diagnosed as one of pneumonia of the left upper lobe, and he was put on sulphate of quinine gr. iv every six hours and a bath ordered to be given whenever the temperature rose above 102⅘°; temperature of baths, 85°, reduced to 68°. The first bath was given on the 8th, the day following his admission, at 2.30 P.M. Before bath, temperature was 104.2°, respirations 32, pulse 100. Duration of bath, twelve minutes. Temperature in bath, 101½°; thirty minutes after, temperature was 99°, respirations 24 and pulse 84.

His temperature remained down until the following morning, when it began to rise, and at 9.30 A.M. another bath was given. Patient's temperature was then 104.2°, respirations 36, pulse 116. He was kept in the bath eleven minutes; temperature on removing was 100.5°; half an hour after, 99⅘°, respiration 32, pulse 88, but it immediately began to rise, and at 2 P.M. temperature was 104⅘°, respirations 40, pulse 100; a bath was given, lasting twelve and a-half minutes; on removal, temperature was 101⅘°; half an hour after, temperature was 100¼, respirations 26, pulse 88; at 4 P.M. temperature was 104.2°, and at 6 P.M. was 104°, respirations 28, pulse 120; a bath was given, lasting twelve and a-half minutes; temperature on removal on removal was 99⅘°; half an hour after, it was 99⅘°, respirations 28, pulse 78. It did not remain down, but rose steadily, and at 9 P.M. was 104°, respirations 30, pulse 108. A bath was given, lasting twelve minutes; on removal, his temperature was 101°; half an hour after, it was 99⅘, respirations 26, pulse 90. Patient slept well during the night, his temperature remaining below 103° until the afternoon of the following day (the 10th), when it began to rise; at 4 P.M. it reached 103½, and at 6 P.M., when his last bath was given, it was 104°, respirations 32, pulse 92; duration of bath was twelve minutes; temperature on removal was 100°; half an hour after, it was 98°, respiration 26, pulse 78. At 8 P.M. patient was asleep, and slept until 2 A.M.; his temperature was then 102°, respirations 24, pulse 90; it continued falling, and at 10 A.M. reached 98°, and since that time it has been below 98½°. The average fall after the bath was: Temperature, 5°; pulse, 6; respirations, 21.7. Cough and expectoration were, as a rule, increased during and after the baths; headache was relieved, and he usually slept for one or two hours. On the 11th, the fifth day after entering, and seventh of his illness, physical examination shows expansion to be increasing on the left side, dullness diminishing, and large crepitant râles are heard both in front and behind over the affected area; no albumen present in the urine. On the 18th patient allowed to sit up and was put on full diet. Physical examination reveals only a little harsh breathing over the left side of the chest. Patient was discharged on the 23d, the sixteenth day after admission, feeling perfectly well."

Medicated Inhalations.

Dr. A. Irsai, of Buda-Pesth, has made some instructive laboratory observations on the effects of the inhalation of various substances on the lungs and air-passages. Almost immediately after a few inhalations of air impregnated with turpentine oil the lungs become pale, but regain their ordinary appearance on the re-admission of pure air; a second administration of turpentine vapor was followed by the same appearances as the first. The cause of the pallor, in the author's opinion, was doubtless a spasmodic contraction of the pulmonary vessels —probably due mainly to peripheral action.

When juniper oil or oil of pinus sylvestris was employed, results of a similar kind, but less in degree, were obtained. The latter, however, is considered a more powerfal vaso-motor constrictor than turpentine oil.

With oil of eucalyptus, anise oil, peppermint oil, and menthol, scarcely any change is produced in the color of the lungs.

With thyme oil and thymol, three or four

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inspirations were followed by a distinct reddening, which increased as they were continued.

Creosote and, in still greater degree, guaiacol, produced redness, there being rapid relaxation of the vessels and great hyperemia of the lungs.

From these observations, Dr. Irsai concludes that in acute catarrhal affections with swelling, hyperemia and profuse secretion, substances should be selected for inhalation which produce anemia, and that in chronic torpid conditions, or in phthisis where the supply of blood and the nutrition of portions of the lung are defective, substances which induce hyperemia should be used. Of course it is needful to exercise due vigilance in employing creosote or guaiacol in cases where there is any tendency to hemorrhage.—*Lancet.*

A Homemade Vaporizer.

Allow me to give the many readers of the *Gleaner* simple directions to make a vaporizer that is inexpensive, and at the same time as good as the best. It may be carried in the pocket, or hand-bag. It takes up little room, and is ready to use at any moment, by sliding the tube over the spout of an ordinary tin tea-pot that is always at hand.

Get an ordinary tin ointment box of two ounces capacity, (say an inch deep by two inches in diameter.) Let a tinsmith punch a hole an inch in diameter through the bottom and also through the top (cover). To the bottom of this box, have a tin tube soldered, three or four inches long, and slightly tapering, to slide over the spout of the tin tea-pot, so it will fit the different-sized spouts. To the cover another tube is to be fastened in like manner, say eight or ten inches long, with a flanged mouthpiece, for the inhaling tube.

When wanted for use, slip upon the tea-pot, which is to contain an inch of hot water; place in the tin box a sponge upon which any remedy needed to be vaporized is to be poured; replace the box-cover; set the tea-pot upon the stove, or hold a lamp under it, and it does the rest.

It will be observed that the steam passes up through this sponge and whatever medicine is placed upon it is vaporized (if of that nature), and together with the moist, warm air, may be carried to all parts of the nasal respiratory tract; and if properly applied, it will be productive of the most happy results.

For croup, saturate the sponge with comp. stillingia liniment; cover the child's head and thrust the inhaling tube under the cover. For diphtheria, moisten the sponge with turpentine, or any other remedy you desire to use. In bronchitis, terebene is a good remedy to volatilize, the same also in many throat troubles.

In treating contagious diseases the room may be disinfected by keeping the tea-pot constantly charged and steaming upon the stove.

In whooping cough, a few grains of menthol may be sprinkled upon the sponge and the child allowed to breathe its vapor freely. It keeps the throat cool and reduces the paroxysms of cough to the minimum.

This little instrument will not cost over *ten cents*, and my word for it, you would not take ten dollars and be without it, after you become familiar with its advantages.

E. R. WATERHOUSE, M.D.,
St. Louis, in *The Medical Gleaner.*

Veratrum Viride in Pneumonia.

We extract the following paragraphs from an article by E. B. Ward, M.D., in *The American Lancet:*

On consulting authorities, I find that much uncertainty exists respecting a disease that for more than one generation I have treated on the supposition that it was more serious than ague, but almost as amenable to treatment, with less liability to unpleasant sequelæ, and I confess that when I hear of strong men dying of pneumonia it staggers me. In my child-like and trusting simplicity I had supposed that uncomplicated cases of the disease, except when occurring in infants or old people, should invariably recover. I think so still, and shall continue so to think until I lose my first case, which I have yet to do. * * *

I give veratrum viride—whether I have bled or not—alternated with antimony and perhaps a cathartic of calomel or jalap (same old dose), and I keep the patient right along on veratrum, regulating the dose to the circumstances until I have brought his pulse down a trifle below the normal standard. Then I lessen the dose, and hold it there day after day until the first violence of the disease is passed, when I drop the antimony and substitute quinine in moderate doses, but keep on with veratrum until the pulse seems inclined to remain normal without it, showing that resolution has taken place. After that, tonics and expectorants as they may be called for. * * *

I am but confessing the truth when I say that I would as soon think of treating ague without quinine as pneumonia without veratrum viride. Further, I believe it is very nearly as much of a specific in the one case as quinine is in the other. * * *

Another benefit veratrum has, which adds to its value in these cases: it is an expectorant, and one of the best remedies in spasmodic croup. Again, it does not accumulate like digitalis, but always gives notice beforehand of its unpleasant

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effect on the stomach, which is more li the nausea of tobacco, perhaps, than anything else, but, if moderate care is taken, there is no necessity for producing any disagreeable effect with it. You need have no fear of it in any event, however, for the patient never succumbs to it, but always survives.

The Manner of Death in Pneumonia.

SOME disturbance of activity in one of the three vital organs—the brain, the heart, the lungs—is always present in cases of disease which terminate fatally. In long-continued diseases, particularly where exhaustive suppuration is a feature, the heart is apt to become exhausted, but usually, on account of the great strength of its muscle fibres, and the perfection of its vascular and nerve supply, death is not due to weakness of the heart walls. Cases of sudden death often occur in pneumonia patients when they seemed to be progressing satisfactorily. The study of the cause of this disastrous termination led the author to undertake a number of post-mortem examinations, the results of which are chronicled in his paper. He found that, by increase in the size of the lung, by the diminution of the pleural cavity, and by the stationary condition of the diseased organ, are brought together three factors which make the first cause provocative of disturbance in the heart's action. This consists in want of working room, and to some degree is present in all cases, producing fatal results in the more severe cases.

To act well, the heart should have a freely open pericardial sac, and an even condition of tissues and vessels, at its base. If changes occur in either of these places suddenly, the effect is disastrous; if slowly, the heart may act in its new position. An illustration of this last condition was shown by the post-mortem on a case of pulmonary tuberculosis, the right lung containing a large amount of fibroid material, the traction of which, coming slowly, had moved the heart so that it lay almost transversely across the chest. So gradual had been the change that no murmurs had been heard in the vessels leading from the ventricles. A limited pneumonia in one lung is not apt to interfere to any great degree with the heart's working room; a pneumonia from apex to base or a double basic pneumonia does; while pneumonia with pleuritic effusion does so markedly.

The second way in which disturbance of the heart's action may lead to death in pneumonia is from an *ante-mortem heart-clot.* These clots are fully organized, the blood of pneumonia being characterized by an excess of fibrin. Any projecting point against which the blood-current is thrown is likely to become covered with a deposit of fibrin which, upon examination, has the appearance of a lipomatous sarcoma, but is more solid. Ante-mortem clots are often so firm and adherent that the entire weight of the heart can be suspended by them. They vary in size, sometimes being as much as three inches in length. The parts of the heart to which the clot may be attached are the muscular walls, the chordæ tendinæ, the mitral and tricuspid valves. No case was seen of attachment to either pulmonary or aortic cusps, probably because of their smoothness. No regurgitation takes place through these orifices on account of shape and attachment of the clots that project through them. They are usually slender, and attached to the mitral or tricuspid valves, or chordæ tendinæ, and are long and thin, so that when they project throught the ostia and float out into the great vessels, the valves close around them, and prevent regurgitation.

Death may come from a sudden congestion of the lungs from a left clot or having the blood supply of the lungs cut off by a long clot floating out into the pulmonary circulation, but it is in the action of the cavities themselves that the results of the clot are best studied.

An ante-mortem clot can be diagnosed. If in the aortic region there be heard a triple sound, the third and new element being least distinct, highest pitched, and having a rubbing character; if the pulmonary second sound, which, as the disease progresses, becomes longer, but less loud, losing its sharp character; if at the apex there is a faint, high-pitched murmur before the first sound, there is evidence of the presence of a clot.

Carbonate of ammonia, in doses of ten, fifteen, or twenty grains every ten hours, day and night, is thought to prevent formation of a clot. —Dr. HENRY CONKLING in *Brooklyn Med. Journal.*

The True Pathology of Sudden Death in Acute Pneumonia, and the Best Means of Averting it.

IN an article on this subject, read by Chas. F. J. Lehlbach, M.D., of Newark, N. J., before the "New Jersey State Medical Society," the following views are advanced.

The Doctor thus excludes those cases due to organic or other complications:

"A patient passing through acute pneumonia, with previously existing chronic degenerative nephritis may suddenly be seized with uræmic convulsions, coma, and death; or a sufferer

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from chronic rheumatic endarteritis of the cerebral vessels may during a fit of coughing in pneumonia be attacked by a sudden cerebral hemorrhage and die. Such cases do not enter the present inquiry. Their pathology is beyond controversy and there is no preventive means, which may reach them, within our present knowledge."

He then excludes the diagnosis of "heart failure" as failing to properly indicate the pathology of the cases of sudden death, and proceeds as follows:

"As a guide in which direction to search for the cause or causes, two facts should be borne in mind:

1. That these cases of sudden death under consideration generally occur during or after apparently fully established convalesence, and

2. That the fatal attack is ushered in suddenly and terminates fatally under tumultous signs of a struggle between the heart and lungs, indicating plainly the sudden occurrence of mechanical obstructions in the right heart and pulmonary circulation, as shown by the weak and imperceptible pulse, the dyspnea, irregularity of respiration, the intense and rapid cyanosis, and unconciousness.

Of all the authors of treatises on pneumonia in the various text-books, so-called, accessible to me, the one who comes nearest to a full appreciation of the true cause of this class of sudden death is Flint. He says: "There is a liability in the course of this disease to an occurrence which claims special notice, namely, coagulation of fibrin in the right auricle or ventricle; that is to heart thrombus; this is of not infrequent occurrence in fatal cases of pneumonia. It occurs especially when an entire lung becomes involved, and in cases of double pneumonitis.

"Thrombi formed ante-mortem and not infrequently the immediate cause of death, are to be distinguished from those produced in the last moments of life and from post-mortem clots. Their formation sometimes may be determined and with much confidence during life. In a case presenting no symptoms which denote imminent danger a sudden change takes place for the worse; the circulation is notably disturbed, as shown by the frequency, feebleness and irregularity of the pulse; there is a sense of the want of air; the expression is haggard and anxious, cyanosis is more or less marked; the patient falls speedily into a moribund state; and this unexpected change is not connected with an extension of the disease to a new lobe or any newly-developed inflammatory complication."

Assuming then that Flint is correct in ascribing heart thrombus as a not infrequent cause of death in pneumonia, although no special emphasis is put on "sudden death" during apparent convalescence, let us extend our inquiry a little further by including embolism of the pulmonary vessels with heart thrombus, or vice versa. If they are found to be the cause of sudden death in numerous and varied other pathological processes there is, for very good reasons to be alluded to further on, no ground to doubt that we here have the principal cause of sudden death in pneumonia. It is not intended to go into an elaborate or exhaustive examination of details. A few facts obtained by a cursory examination of accessible records will illustrate the subject.

Dr. Raywood Johnson, in the Transactions of the Path. Soc., London, 1889 (*Schmidt's Jahrb.*, vol. 229, p. 249,) describes the case of a woman fifty-four years old, with varices of leg and phlebitis, who died suddenly in an attack of dyspnea, of embolism in the pulmonary artery, six to seven inches in length, resting on the bifurcation.

A case of sudden death in a case of typhoid fever by embolism of the pulmonary artery is reported from the *Prazer Viertelzahnsen, in Schmidt's Jahrb.*, vol. 228, p. 215. Autopsy showed tolerably coherent coagula in the main trunk of the pulmonary artery.

A case of sudden death in consequence of formation of thrombus in the pulmonary artery, occurring in a case of acute exudative pleuritis, is reported by Dr. Dujardin-Beaumet in *Gaz. de Paris* (*Schmidt's Jahrb.*, vol. 171, p. 150) death occurred when patient got out of bed to go to stool.

In a paper on sudden death by pulmonary embolism in cases of inflammatory varicose veins, Dr. Marc Chabenat, of Paris, 1874, collected seven cases. In five cases the autopsy showed presence of emboli in the right heart and trunk of pulmonary artery; in the other two cases no autopsy was made, but the history of the cases was clear as pointing to the same causes. The author calls attention to the fact that the neighborhood of large venous trunks in which the blood flows yet uninterruptedly favors the detachment of an embolism. In all these cases the emboli were large, as large as a finger, and the detachment of the emboli always took place in the convalescent stage on occasion of sudden movements in bed or when getting out of it.

Two cases of sudden death from embolism and thrombus in the pulmonary artery are reported (*Bullet. de la Soc. Anatom., in Schmidt's Jahrb.*) due in one case (Dr. Cossy's) to inflammation of the crural vein after operation for strangulated hernia; in the second case, reported by Dr. Hegar, due to thrombosis of the left femoral vein after enucleation of a uterine myoma.

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Spontaneous extensive thrombosis of the pulmonary artery caused sudden death in a young chlorotic girl, after a short attack of dyspnea. Reported by D. H. Rendt, (*Gaz. Hebdom.*, xxxiv, 16, *Schmidt's Jahrb.*, vol. 215, p. 249). Embolism excluded.

In his inaugural dissertation, Dr. B. L. B. Bang (*Afhhandl. for Doktorgraden, Schmidt's Jahrb.*, 1882, vol. 195, p. 289) a study of twelve cases of embolism or thrombosis of the pulmonary artery concludes that the most dangerous, *i. e.*, the large emboli, mostly occur in the cases in which the clinical histories show no sign of presence of pre-existing cause.

In a paper on "Sudden Death in Pleurisy" by D. E. Weill (*Revue de Med.*, vol. 7, p. 33, *Schmidt's Jahrb.* vol., 214, p. 30) the author collects twenty-seven cases of sudden death in pleuritis; in eleven of these cases there was thrombus-formation in the right heart and embolism of pulmonary artery or changes in the myocardium; in six, edema of the lungs; there was one of pericarditis; in two perforation took place into the lung, and in seven cases the autopsies showed no certain cause of death. These latter may have been due to direct heart failure or brain anemia. In most of these cases death occurred after strong muscular movements, only three died while quietly lying in bed.

Prof. Adolf Lesser, of Breslau, in *Vierteljsch. fuer faren Mediz., Schmidt's Jahrb.*, vol. 219, p. 74, gives the most important autopsy results in 171 cases of sudden death; only in fifty-three cases an anatomical cause for the suddenness of death was reached; in twenty-one cases there were pressure upon the brain, apoplexy, tumors, hemorrhage, aneurism; seven were cases of cardiac aneurism; eight times there was suffocative hemoptysis and bursting of aneurism into trachea; in seventeen cases aneurism was the cause accompaning the fatal result; six were caused by embolism of the pulmonary arteries; in seven cases genuine pneumonia existed, where no direct cause could be found.

In the Medical and Surgical History of the War of the Rebellion, Part 2d, Medical Volume, under the history of acute diarrhea among the post-mortem appearances noticed, special mention is made of over thirty-six cases in which "fibrinous heart-clots with or without an admixture of ordinary coagula were observed." Two of these cases are noted as having died "very suddenly" and "suddenly." One of these cases died suddenly of pneumonia, and in looking over the details I find that eleven of these cases of heart clot and plots in the pulmonary arteries credited to acute diarrhea were shown by the autopsies to have been complicated with pneumonia in various stages of progress and intensity, namely cases 162–330–352–353–360–377–385–412–525–642–749.

A cursory examination of the details of pneumonia, given in vol. 3 of the same work, is negative as to the occurrence of ante-mortem thrombis or embolism and their bearings to sudden death.

If we assume then, that thrombosis or embolism of the heart and pulmonary arteries constitute the true pathology in a certain number of cases of sudden death in pneumonia, as well as in other diseases—an assumption based upon undoubted facts—we are naturally and logically led to inquire whether the pathological processes and conditions of pneumonia are favorable to their occurrences. Such seems to be the case.

Aside from the undoubted increase of fibrin in the blood of pneumonia, as in acute rheumatism and erysipelas, and its probable greater tendency to coagulation, the pathological processes going on in the minute structure of the lungs in pneumonia themselves are not unfavorable to the occurrence of thrombi and emboli. When the air spaces and bronchi have become fully distended by the exuded inflammatory products and the lung has become solid, when the air vesicles, the air passages, the small bronchi are filled and distended with fibrin, pus cells, red blood cells, and epithelium, we are told by Delafield and Prudden (Hand-book of Pathology) that "in spite of the pressure on the walls of the air spaces, the blood-vessels in their walls remain pervious." Hence if even a very minute thrombus shall have accidentally formed in one of the small branches of a pulmonary vein, entering into the formation of the vascular network surrounding the air vesicles, this very fact stated by the eminent pathologists cited "that the vessels remain pervious" would favor its detachment and chance of entering the current of blood into the right auricle, thence into the right ventricle, there to become entangled in the pectinated muscles or tendinous chords and to form the nucleus of a rapidly enlarging embolic clot extending, as the case may be, way into the pulmonary arteries up to the bifurcation, and leading to sudden death.

Another point in the clinical pathology of pneumonia, particularly in infectious pneumonia, which would favor cardiac thrombus and embolus, is the concurrence of endocarditis with the pneumonia. A moderate degree of endocarditis is, I think, a much more frequent companion of inflammation of the lungs than is generally supposed and than it is possibly to clinically prove in all cases. "So long," we are told by Delafield and Prudden, "as the endothelial linings of the vessels are intact, a simple retardation of the circulation does not usually suffice to induce coagulation, but changes in the endothelium from a great variety of causes, such as inflammation, degeneration, atheroma calcification and the presence of tumors and foreign

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bodies favor its occurrence." Thus we see that the existence of endocarditis would favor coagulation.

From what thus far been stated, it is obvious that whatever means of averting sudden death in pneumonia we may employ, they can only be general and precautionary. The patient should be warned even after the temperature has become normal, not to adopt too soon the habits of fully established convalescence. In fact, he should not be allowed to undergo any muscalar exertion or bodily effort, not even the passive one of sitting up, until the expectoration has become of a character to show that the exudative process has entirely ceased and that the degenerative changes in the exudate, necessary for its removal, are about completed. The presence or absence of blood, or of its elements in the expectortation, may probably be considered an important guide in this direction. Remedial agents should be employed to allay the severity of the cough with its danger that by mere mechanical concussion of the solidified lung any little thrombi in the pulmonary veins may become detached and enter the current of blood toward the heart and result in cardiac embolism and emboli of the pulmonary arteries. Ammonia in one form or another should be given during the whole progress of the disease, not only as one of the most valuable heart stimulants that we possess, but also to counteract the tendency to coagulation and the hyperinosis, or increase of fibrin in the blood of pneumonia patients. For the suggestion of the probable good effect of ammonia to counteract the tendency to hyperinosis in pneumonia, I am indebted to my friend Dr. Charles Young. As to the particular preparation of ammonia to be used there may be little choice; but during the last few years my own prediction has been in favor of ammonium salicylate, as it combines the stimulating effect upon the heart with the action of a general blood antiseptic, in cases of infectious pneumonia, and also on account of its good effect in rheumatic endocarditic complication. It can be simply given in ten-grain doses every two to four hours."

We have given this pretty full abstract of this paper on account of its exceedingly great interest and importance.

An autopsy should be urged in every such case to determine the true pathology of the case.

Chewing-Gum in Fevers.

Dr. R. I. Bond, of Hartshorne, I. T., writes: "The salivary glands play quite an important part in continued fevers, yet they are not considered in the treatment of the case. One of the first and most important restrictions in the patient's dietary is to drop all solid food from the list at the physician's first request, and just then the salivary glands begin to lapse into a torpid condition, which very often results in an inflammation and, finally, suppuration, and that disagreeable dryness to the tongue and fauces so uncomfortable to the patient. For the relief of this trouble, I have found nothing of so much importance as some nice form of aromatic chewing-gum, which relieves the thirst and dry mouth, improves the appetite and digestion, and restrains nausea, if any. Hence some of the most disagreeable accompaniments of the disease are mitigated. I believe also that it materially aids the absorption of the medicine when the alimentary tract is so impaired by the incessant fever.

"I do not claim originality in this treatment, although I have never found any reference to anything of the kind. However, it may have been regarded as too simple to need mention; still it is, in my estimation, quite important in any continued fever.—*Medical Record.*

[We have found bits of dried beef to be far superior to anything else for this purpose. In addition to being a good stimulant to the salivary glands, the juices, swallowed, contain a great deal of nourishment. A teaspoonful of clam broth, taken every five minutes or so, is an excellent expedient for the same purpose.—Ed.]

The Rational Treatment of Pneumonia.

B. Reed (*Therap. Gaz.*, March and April, 1892), from a long and very complete statistical and clinical report on the treatment of pneumonia, urges the justice of the following conclusions: (1) That water locally applied—either as wet pack or baths—is the most efficient single therapeutic measure in acute pneumonia. (2) That veratrum viride or aconite can accomplish more than any other single drug in the first stage, and that the same is true of digitalis in the second stage. (3) That a combination of one of these cardiac sedatives with opium and diaphoretics affords not only a safe, but a highly successful internal treatment for the first stage of acute pneumonia, being capable of aborting the disease when its administration is begun near the onset, and repeated at short intervals day and night. (4) That venesection, though most efficient in sthenic pneumonia, and, if judiciously used, much more successful than any merely expectant method, is no longer an indispensable resource, since other remedies have been found to accomplish the same results more surely and more pleasantly.

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Digitalis in Acute Pneumonia.

HOEPFEL (*Therap. Monatsh.*, April, 1892) relates fifteen cases of acute pneumonia mostly severe in character, but with only one death, which were treated by rather large doses of the infusion of digitalis. No toxic effects were produced by the drug, but in three patients vomiting occurred. This vomiting was arrested in one case by the addition of strong coffee. The temperature was reduced, the dyspnea and pain lessened, and the duration of the disease shortened. In eight cases the termination took place by lysis. The author thinks that the working power of the heart is thus increased, and that disturbance in the pulmonary circulation is prevented.

Treatment of Acute Laryngitis.

Symptoms.—A severe chill, followed by fever and inflammation of the larynx, accompanied by sore throat, hoarseness, painful deglutition and cough with edema, dyspnea, and suffocation. The voice was reduced to a whisper, loss of appetite, and complained of drinks wanting to pass into the trachea.

Treatment.—External application: Mixed equal parts of specific trs. of veratrum and lobelia, saturated a cloth with them and applied it to the throat. Internal:

R. Oil stillingia .....drams i
Tr. aconite specific.....
Tr. phytolacca.....ää gtts. x
Syr. tolu bal. .....q. s. ad. ounces iv
M. Sig.—One teaspoonful every hour.

This gave almost instant relief.

A. S. GISH, M. D., Abilene, Kan., in *Chicago Medical Times.*

AN excellent treatment for la grippe in its typical form is the frequent administration of small doses of aconitine and gelseminine, or other forms of aconite and gelsemium.

Delirium in Pneumonia.

CASTELAIN'S observations at this period of the disease lead him to the following conclusions:

1. The appearance of the delirium coincides with the beginning of the period of liquefaction, and is its first indication.

2. The curve of the delirium is parallel with the curve of liquefaction, and of the abundance of the exudation. The delirium increases during and after defervescence of the fever, in proportion as the râles become more moist and more numerous, and as they extend over a greater area. The delirium diminishes and disappears, little by little, in proportion as the fine râles become less numerous, occupy a less extensive area, and give place to coarser râles and finally to dry râles.

3. The duration of the delirium is in relation with that of the liquefaction of the great mass of the exudate. If the latter is liquefied rapidly and disappears immediately from the alveoli, the delirium is of short duration, but is more violent than when resolution occurs slowly or in different regions in succession. Delirium may even be entirely absent when liquefaction is slow, or the exudation slight.—*Journal American Medical Association.*

Successful Treatment of Membranous Croup.

THE following contains the substance of a paper read by Dr. John B. Turner before the Philadelphia County Medical Society, February 10, 1892:

Case I.—On February 16, 1891, I was called to see Sallie B., aged 11 months, who was suffering from a severe attack of membranous croup. The mother had lost two children on former occasions by the same disease, one in twenty-four and the other in thirty-six hours. Why croup has a predilection for certain families, I am at a loss to know.

I had the child taken to the Children's Hospital, and Dr. Samuel Ashhurst confirmed the diagnosis and recommended tracheotomy, which was refused by the mother. When the child was brought from the hospital to her home I gave the following treatment:

R. Ammonii chlorid.....ʒj
Syr. tolutan.....fʒij
M. S.: Half a teaspoonful every two hours.
R. Asafetida pulv.....gr. xvi
Quininæ sulph.....gr. iv
Codeinæ.....gr. ½
Olei theobromæ.....gr. cxxx
Fiat suppos. No. viii
M. S.: One every four hours.

The child did well (the attack lasting eleven days) and recovered. The patient received whisky and milk at regular intervals, and was kept in a well-ventilated room. By this treatment the appetite remained fairly good, and the strength was sustained. The same child had another attack on December 18, 1891, and by the same treatment was restored to health. I call this second attack Case II.

The doctor reported other cases with the same result.

Biologic Therapeutics.

MEDICINE has entered upon a new era in therapeutics, which may appropriately be designated biologic. The scientific world greeted with cordial admiration the synthetic products of the chemist's skill, but we stand to-day on the threshold of developments, the magnitude of which is beyond comprehension. Since the birth of the young science of bacteriology practical minds have assumed an expectant attitude. Skepticism has largely given way to confidence, and excessive enthusiasm to a calmer judgment. It soon became apparent, in a manner and to a

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degree in which it had never been before, that many diseases carried with them the elements of their own cure. Of course, it had been recognized that certain diseases are self-limited, and the phenomena of natural and acquired immunity were duly appreciated; but it required the knowledge gained by advances in bacteriology to afford a rational explanation of these various phenomena. There is yet much to learn; the beginning has been but made. Enough, however, has been seen to teach that disease has its chemistry, and that the treatment of the future will depend upon a knowledge of this fact and the application of chemic laws. It is not too much to hope that the treatment of the future will largely be specific—that is, in the employment of a definite remedy in the treatment of a given affection—just as mercury and iodine are to-day employed in the treatment of syphilis, quinine in the treatment of malarial disease, and salicylic acid in the treatment of rheumatism. The groundwork of this new system of therapy has been already laid by Pasteur as to hydrophobia, by Koch in regard to tuberculosis, by Behring, Kitasato, Wasserman and Ehrlich as to diphtheria, by Tizzoni, Centanni and Cattani as to tetanus, by the Klemperers as to pneumonia, by Ferran, Haffkine and Klemperer as to cholera.

Stern (*Deutsche Medicin. Wochenschr.*, 1892, No. 27, p. 827) has made an interesting contribution to this subject. He had previously demonstrated that human blood-serum possesses the property of destroying the bacilli of typhoid fever. He now endeavored to determine if the bactericidal activity of the blood-serum to the bacillus of typhoid fever is increased in persons that had recovered from an attack of that disease, if the blood of such persons had any curative action upon animals inoculated with the bacilli of typhoid fever, and if this blood has the property of neutralizing the poisons generated by the bacilli of typhoid fever. Seven cases were examined, six at intervals of from five days to five and a-half weeks after defervescence had set in, and one, who was under treatment for sciatica, seventeen and a-half years after an attack of typhoid fever. It was found that the bactericidal activity of the blood-serum to the bacilli of typhoid fever was distinctly diminished in persons recently convalescent from typhoid fever, in comparison with the conditions present in persons that had never had it. It was further found that, while the serum of a healthy person exerted no modifying influence upon the toxicity of boullion-cultures of the bacilli of typhoid fever with which it was mixed, the serum of persons recently convalescent from typhoid fever exerted a distinctly modifying effect of an attenuating character. It was also demonstrated that a filtered extract of sterilized cultures of the bacilli of typhoid fever could be safely injected in doses otherwise lethal if previously admixed with the blood-serum of persons recently convalescent from that disease.

From the foregoing it is clear that the protective influence of the blood-serum of persons recently convalescent from tybhoid fever is not dependent upon a destructive action upon the bacilli themselves. It will not do, however, at once to jump to the conclusion that the serum neutralizes the toxic products of the bacilli. It is also hossible that the serum renders the animal organism less susceptible to the influence of the toxic products. This doubt would be removed if it were shown that the diminution in the toxicity of a mixture of the serum and the sterilized extract were progressive.

The observations here recorded are most interesting, and are deserving of thoughtful consideration. They should be repeated and extended. They seem to bring us nearer to a correct conception of natural immunity and natural cure.—*Medical News.*

Editor MEDICAL WORLD:—Please find herewith my list of patents for month ending December 7, 1892:

Dental vulcanizer, G. B. Snow, Buffalo, N. Y.
Disinfecting apparatus, E. & S. Tausig, New York City.
Physician's table, J. W. Kales, Franklinville, N. Y.
Artificial limb, J. H. Ehle, Helena, Mont.
Air bed or pillow, S. Curlin.
Inhaler, W. C. Wilson.
Truss, E. E. Boomhauer.
Dental spacer, N. Kuns.
Mouth-holding apparatus for dentists and surgeons, H. M. Casebeer.
Duplex syringe, F. S. Ketchum.
Hypodermic syringe, S. R. Slater.
Dental chair, S. T. Henkle.
Device for treating patients by electricity, E. M. Thomas.
Head rest, E. H. Durkee.
Scalpel, R. Steinel.
Surgical splint, E. Densmore.

GEO. H. CHANDLER.
Atlantic Building, Washington, D. C.

Antiseptic Oils With the Cotton or Wool Jacket.

TRY this treatment in pneumonia, either of child or adult, and report results. Anoint the entire chest and shoulders with a mixture of equal parts of menthol, eucalyptol and turpentine, then envelop the entire chest in cotton or wool batting, covering with oiled silk or other like impervious covering. If the skin is peculiarly sensitive and is too much irritated

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by the oils, indicating vesication, remove the covering, rub with sweet oil and re-apply the cotton and silk jacket or covering. Let this remain on throughout the duration of the disease while you pursue your ordinary medical treatment. J. J. T.

Treatment of Some Winter Diseases With Granules of the Active Medicinal Principles.

(Extracts from Prof. Waugh's "*Outline of Treatment.*")

BRONCHITIS, CAPILLARY.

Emetine, in emetic doses, or as expectorant.
Sanguinarine, to stimulate expectoration when deficient, in aged.
Lobeline, for paroxysms of dyspnea, use with utmost care, if at all.
Aristolochine, as stimulant expectorant for children.
Camphor monobrom, stimulant.
Digitaline, as stimulant for failing heart.
Strychnine, as stimulant for failing heart.
Also employ poultices to whole chest, steam inhalations, ammonia and coffee.
Quinine, throughout as a tonic, in full doses, but best by suppository.
Ammonium iodide, for very young infants.

BRONCHITIS, CHRONIC.

Quinine arseniate, for spasmodic or emphysematous cases.
Calcium sulphide, for profuse purulent sputa, with—
Calcium lacto-phosphate, to be given continuously for months.
Lobeline, for dyspnea.
Aristolochine, to stimulate lungs when secretion is profuse and not ejected freely.
Sanguinarine, to stimulate lungs when secretion is profuse and not ejected freely.
Hydrastine, for dry catarrhs.
Senegin, for the aged, to stimulate.
Ammonium iodide, to loosen.
Colchicine, for gouty or plethoric.
Acid benzoic, to check profuse thin secretion.
Cubebin, to check profuse thin secretion.
Camphor monobrom, to allay cough and loosen.
Morphine, for same purposes.
Codeine, preferable to morphine.
Strychnine arseniate, tonic and stimulant to lungs.
Creosote, for fetid sputa.
Digitaline, for fever.
Arseniate of iron, for a tonic, if anemic.
Many other remedies are useful that cannot be given in granules, as eucalyptus, copaiba, myrrh, cod-liver oil, thymol, myrtol, terpine hydrate, terebine, poultices, or mush-jackets, etc.

BRONCHITIS, ACUTE.

Aconitine, for fever.
Emetine, for cough, or for dry and scanty sputa.
Lobeline, for spasmodic dyspnea.
Quinine, for fever.
Codeine, morphine, for cough.
Apomorphine, an excellent expectorant.
Cimicifugin, a useful expectorant after acute symptoms subside.
Sanguinarine, to clear away when threatening to become chronic.
Scillitoxine, when free sputa are hard to expel.

PLEURISY.

Aconitine, for the first stage pain and fever.
Veratrine, for very acute cases.
Bryonine, after effusion, to promote absorption.
Morphine, with quinine, to abort.
Asclepiadin, highly valued in some parts.
Pilocarpine, with dry diet, to abort; best in fairly hearty persons; not in feeble or diseased heart.
Elaterin, with dry diet, to promote absorption, in robust cases. Pleurodynia.
Macrotin, for rheumatic cases.
Atropine, in all other forms.

PNEUMONIA.

Aconitine, for fever in young and strong.
Veratrine, for very acute cases in young or middle aged.
Bryonine, only when there is pleural effusion.
Zinc phosphide, for typhoid condition.
Atropine, for first stage.
Sanguinarine, after crisis, as stimulant for aged.
Ipecac, for infantile and catarrhal cases.
Digitaline, doubtful utility; may be needed in late stages with lax pulse.
Ergotine, urged on very doubtful grounds, in acute cases.
Senegin, in late stages, with dry, irritating cough, and oppression.
Morphine, for pain and delirium, and irritating cough.
Aristolochin, stimulant in aged, low stages, and after crisis.
Brucine, *Strychnine*, } for low stages, failing heart, aged, alcoholic, and exhaustion cases, infantile catarrhals.
Pilocarpine may abort, at onset.
Tartar emetic, for acute hyperemia and overloaded lungs at first, and for acute fighting delirium.
Capsicin, for alcoholic cases.
Cocaine, for delirium of alcoholics.
Hyoscine, for delirium of ordinary cases.
Ergotine, *Digitaline*, } for hemorrhagic cases.
Arseniates, for delayed recovery, after fever drops to normal.
Zinc sulphocarbolate, for gastric and intestinal irritation.

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Formulas.

Threatening Edema Pulmonum.

Dr. Behrends (*La Rivista clinica e Terapeutica*, No. 10, 1891), recommends the following:

R. Acid benzoic.....gms 3 (grs. xlv)
Camphorae pulverizat.....āā cgms 50 (grs. viij)
Antimonii.
Sacchar.....gms. 5 (drams 1¼)
Essent. fœniculi.....quantum sufficiat
M. Sig.—Sufficient for ten powders. One powder every two hours.

—PRITCHARD, *in Lancet Clinics.*

Refreshing Beverages in Pneumonia.

Bamberger recommends:

1. R. Phosphoric acid.....8 grms
Syrup of raspberries.....90 grms
To be taken in water.

2. R. Cream of tartar.....8 grms
Syrup of raspberries.....30 grms
Water.....400 grms

—(Formulary of the Medical Faculty of Vienna) *Le Progres Med.*

First Stage of Pneumonitis.

The following appears in an exchange:

R. Tr. veratri viridis.....minims xl
Tr. cinchonæ comp.....ounces j
Potass. acetatis.....ounces ss.
Morphia acetatis.....grains j
Aquæ dest.....quantum sufficiate 3ij
M. Sig.—3j every two hours.—*Med. and Surg. Rep.*

Chronic Pneumonia.

R. Liq. pot. arsenitis.....drams ss
Ammon. iodid.....drams ij
Tr. cinchonæ co.....ounces iij
M. Sig.—Dr. i. three times a day. Small blisters ought to be frequently applied along with the above.—Prof. DACOSTA.

Consumptive Cough.

R. Ac. hydrocyanic dil.....minum xvi
Mucil. acaciæ.....ounces i
Syr. tolutani.....ounces ss
Aq. ad.....ounces viiij
M. Sig.—Tablespoonful every three hours.—Dr. MORTON.

Pneumonia.

R. Ammonii muriatis.....drams j
Extract glycyrrhizæ.....drams j
Spts. ætheris sulph.....drams ij
Aquæ.....ounces iv
M. Sig.—A tablespoonful every two or three hours. (In advanced stages of pneumonia.)—WARING.

R. Tinct. veratri viridis.....minims xl
Spts. ætheris nitrosi.....drams vj
Liq. potassii citratis.....drams ivss
Syr. zingiberis.....ad. ounces vj
M. Sig.—A tablespoonful every three hours. (In the early stage.)—DACOSTA.

R. Potassi iodidi.....drams j
Ammonii muriatis.....drams iss
Mist. glycyrrhizæ co.....ounces vj
M. Sig.—A tablespoonful four times daily, to promote absorption, together with blisters to the chest.—DACOSTA.

Dr. Hodge relates the value of ergot in contracting the blood-vessels in the first and second stages of pneumonia. He gives the following formula:

R. Extract ergotæ fl.....drams iv
Tinct. Gelsemii.....drams ij
Vini Antim.....drams ij
M. Sig.—Thirty-two drops every two hours, to be increased if necessary.—*Med. Brief.*

R. Ammonii carbonatis.....scruples ij
Infusi serpentariæ.....fluid ounces iv
M. Sig.—A tablespoonful every three hours. (*About the period of crisis.*) BARTHOLOW.

R. Morphinæ sulphatis.....grain ¼ ad ½
Quininæ sulphatis.....grains v ad x
Sig.—One dose. Within twenty-four hours after the chill to abort the attack. A. R. PALMER.

R. Ammonii carbonatis.....grains iv
Spiritus chloroformi.....minims xx
Aquæ camphoræ.....fluid ounces x
M. Sig.—To be given every three or four hours. (*In uncomplicated cases.*) A. T. H. WATERS.

R. Ammoniaci.....ounces j
Pulveris scillæ.....scruples j
Saponis veneti.....scruples ij
Syrupi tolutani.....S.....quantum sufficiat.
Misce et fiat pilulæ No. xxiv.
Sig.—Take three morning and night. (*In Peri-pneumonia notha.*) —E. G. CLARK.

IN EARLY STAGES OF PNEUMONIA AND PLEURISY.

R. Tr. aconit. rad.....minims xv
Morphia acet.....grains ij
Liq. ammon. acet.....ounces iv
M. Sig.—Dose, two ounces.
DRS. MEIGS AND PEPPER, Phila.

DR. THEO. CLEMENS, Germany.

During forty-two years' practice he has treated all cases of pneumonia, severe or mild, with chloroform inhalations, and has not had a single fatal case. To the chloroform he adds alcohol, saturates some cotton twisted into a ball, covers it with some loose, dry cotton, and holds to within an inch of the patient's mouth and nose. He thinks that the chloroform spirits are taken up by the blood, completely changing it in the lungs, and, by defibrinating, prevents its hepatisation.

LEONARD'S *Favorite Formulæ.*

Sig.—Ergotæ. fl. ext., in six drop doses every three hours.
DR. A. DANIELS, Mitchell, South Dakota.

Bowen, in his late work on Masteria Medica, prescribes for pneumonia:

R. Ammmonii iodidi.....drams ij
Spt. ammon. aromatic.....fluid drams ij
Elixir, simplicis.....fluid ounces j
Aquæ.....q. s. ad. fluid ounces viij
M. Sig.—Two tablespoonfuls three times a day.
LEONARD'S *Favorite Formulæ.*

R. Tr. aconiti rad.....fluid dram ij
Tr. opii.....fluid dram iij
M. Sig.—Thirteen drops at once, followed by five drops every hour or two. (*In stage of congestion*)
BARTHOLOW.

R. Ammon. carbonat.....gr. v
Ammon. iodidi.....gr. v–x
Mucil. acaciæ.....q. s
Syr. glycyrrh.....fluid dram j–ij
Syr. prumi virg.....q. s. ad. fluid dram ii–iv
M. Sig.—At one dose every three hours.
HUGHES,

R. Quininæ sulph.....gr. ij
Pulv. digitalis.....gr. j
M. Et ft. pil. No. i.
Sig.—Every four hours. (*In pleuro-pneumonia.*)
DA COSTA.

R. Ammonii salicylat,
Ammonii carb.....āā gr. v
Spt. ætheris nit.....minims xv
Ex. cocæ fl.
Glycerinæ.....āā fluid dram j
Liq. ammonii acetat.....q. s. ad. fluid ounce ss
M. Sig.—Give at one dose every three or four hours.
S. S. COHEN.

R. Quininæ bisulph.....scruple j
Ol. theobromæ.....dram j
M. Et div. in supposit. No. iv.
Sig.—One every eight hours.
Also paint the back of the chest with iodine, and envelop in flaxseed jacket. Internally, give digitalis or ergot, in small doses. (*In infantile pneumonia.*)
WAUGH.

R. Acid. salicylici.....drams ij
Div. in chart. No. vi.
Sig.—One powder every two hours until four or five are taken. (*To abort an impending attack.*)
SILVERTHORN.

For Chronic Inflammations of the Throat.

AN enthusiastic patient, a Clergyman of the Episcopal Church, who has tried it, gives us a report of the most satisfactory results from the use of the following prescription:

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℞ Chlor. potass.....dram j
Tinct. myrrh,
Laberroque's sol .....aa ounce j
Bor. soda.....gr. x
Water..... q. s. ad. ounces viij
M. Sig.—Use as a gargle as often as necessary.

For chronic sore throat in many of its forms the above is specific. Where aural catarrh is superinduced by inflammation of the eustachian tube, the above is a grand aid, also for clergymens' and singers' weak throat.

For the Stage of Resolution

IN PNEUMONIA, WITH FREE SECRETION.

℞ Eucalyptol (Sauder & Son).....ounce ½
Sig.—Two drops, on sugar or in cod-liver oil, every two hours.

Rheumatic Bronchitis.

℞ Sodii salicylatis.....drams vj
Glycerini .....drams iv
Vini colch. rad.....drams vj
Syr. scillæ comp.....drams iss
Tr. opii camph.....ounces ij
M. Sig.—A teaspoonful every three or four hours, in a little water. —DR. N. S. DAVIS.

Acute Coryza.

A COTTON-WOOL tampon charged with a two per cent. solution of camphoric acid, and introduced into the nostril, gives rapid and permanent relief in acute coryza.

A Snuff For Acute Coryza.

TISSIER recommends the use of the following snuff for the relief of a cold in the head:

℞ Menthol.....grains vj
Powdered boracic acid.....drams ij
Subnitrate of bismuth.....
Powdered benzoin.....aa drams iij

A good-sized pinch of this may be snuffed up five or six times a day. If desired, one grain of morphine and a half dram of calomel may be added to the mixture, the addition apparently increasing its efficacy in certain cases.

Facial Neuralgia.

ACCORDING to Professor Liebreich, this is relieved by the following:

℞ Butyl-chloral.....grains xl–lxxv
Alcohol, rect.....drams ijss
Glycerini .....drams v
Aquæ dest.....q. s. ad ounces iv
M. Sig.—From two to four teaspoonfuls, p. r. n
—*Medical Record.*

Formulas Asked For.

"Himalya," or the Kola Compound, for asthma.

For Ourselves and Others.

THE Philadelphia Dosimetric Company, N. W. Cor. Twentieth and Market Streets, Philadelphia, are having such a trade that they are thinking of moving to more commodious quarters. For treating affections of the respiratory tract, no remedies can excel a well-selected list of granules. A three dollar vest-pocket case of twelve vials filled (1200 granules) sent as a test for only $1.

PLAINTIFF'S Attorney—I've an expert who will swear he is insane.

Defendant's Attorney—I've an expert who will swear he is of sound mind.

Plaintiff's Attorney—Then let's pair off on experts and save that much money.

THE only genuine original Hoff's Malt Extract is that imported by Tarrant & Co., New York.

TRY Syrup of Figs as a laxative.

FORD'S Essence of Pepsin is made by the New York and Chicago Chemical Co., New York.

BOVININE is a pure, concentrated nourishment.

I. PHILLIPS. 14 Marietta Street, Atlanta, Ga., will give you cut rates in surgical instruments. Send for catalogue.

HAVE you tried Keith's Avena Sativa for the morphine habit? Address B. Keith & Co., 75 William Street, New York.

ALE and Beef represent the nourishment of the sturdy old Britons, who laid the foundation of England's greatness. For two bottles of Ale and Beef address the Ale and Beef Co., New York, you mentioning this journal and agreeing to pay express charges.

BUY one of the Physician's Canes and fill it with Dosimetric Granules as a New Year's present to yourself or a medical friend. Dr. Conner, Labette City, Kan, will furnish the cane.

MCARTHUR'S Hypophosphite Co., Boston, Mass., will present you with a fine leather pocket memorandum book, if you will mention this journal.

HAVE you yet tried Micajah's Uterine Wafers for your female patients? Send to Micajah & Co., Warren, Pa., for samples.

SEE the remarks on making perfect pills, by W. H. Schieffelin & Co., on advertising page V.

FOR a sample cake of Sargent's Antiseptic Thymoline Soap address Hall & Ruckel, 216–220 Greenwich Street, New York. Mention this journal, of course.

AUSTOL and Salophen are two remedies of rapidly growing popularity. Sold by W. H. Schieffelin & Co., New York.

PARK, DAVIS & Co., Detroit, Mich., introduce almost every new remedy native to American soil.

EFFECTS Depend upon Locality.—Old Martel—Whisky has a very different effect in different parts of the city.

Rowne de Bout—You don't say so.

Old Martel—On the Bowery it causes drunkenness; on Wall Street alcoholism, and on Fifth Avenue heart failure.—*Puck.*

THYMOL-COMP., a new non-toxic antiseptic, is introduced by the Upjohn Pill and Granule Co., Kalamazoo, Mich.

SEND your student to the Marion-Sims College of Medicine, Grand and Page Avenues, St. Louis, Mo.

SYRUPUS Roborans is a fine tonic and reconstructive. Address Arthur Peter & Co., Louisville, Ky.

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E. C. PENCE, M.D., writes from St. Louis, Mo., March 6, 1891: "Jerome Kidder Manufacturing Co., 820 Broadway, New York. *Dear Sirs:* We have been practicing with your electrical machines over twenty-five years, and when we want anything reliable always send to you. Enclosed please find Post Office order for —"

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WHOEVER travels through Illinois, and can spare the time, should, if he feels interested in the progress made in food preparation, not fail to stop at the neat village of Highland, where Highland Evaporated Cream is prepared. The establishment, owned and operated by the Helvetia Milk Condensing Co., is open to visitors, as the proprietors are taking just pride in showing to the public their model, neatly appointed and new establishment, which is unique, as far as we know. Specially so is their process, which is their own invention, and which, we are informed, commences on the farm, where pure, sound milk of the most relishing quality is obtained, by careful feeding and proper treatment of the cows, and the observation of the most approved methods for the production of milk. At the establishment the milk is reduced in their elegant kitchen to a creamy consistence by means of huge vacuum pans. It is then filled into cans which are made in a special department, from the best charcoal tin plates and in a most careful manner. After sealing, the cans are subjected to a peculiar process of sterilization, which must be done with scientific precision, in order to be so absolute as to insure the perfect keeping qualities of the product in all climates.

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WILLIAM MACSWEENY, M.D., M.Ch.,
Killarney, Ireland. Royal Univ., Ireland.

"DOCTOR," said the patient, "the pain first began in my toe, then, in a few days, it went up to my stomach, and now it's in my head!"

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THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D.,
J. J. TAYLOR, M. D., } EDITORS.

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1520 Chestnut Street,
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Food Adulteration and the Use of Artifical Preservative Agents.

IN this age of commercialism the public is compelled to guard itself, through its authorized agents and through the public and scientific press, against the rapacity of those whose greed instigates them to attempt to amass wealth by other than strictly legitimate and honorable means.

One of the most dangerous means of acquiring unjust gain is by the adulteration of articles of food and by the employment of injurious and even highly dangerous chemical substances as food preservatives. People who are totally ignorant of the science of chemistry and of the deleterious effects of certain chemical agents upon the human system, are engaged in manufacturing various impure food products and sending them broad-cast among the people. Some of these manufacturers are so honorable and conscientious, that they would change their mode of doing business, if they were properly informed of the baneful character of the articles they used. Others, however, know no restraint but a strictly enforced law. For such and, in fact, for all, plain, explicit laws should be enacted and enforced with absolute and impartial strictness, as the mistakes of the ignorant are fraught with the same calamitous results as the venality of the unprincipled. The crusade made in this city, some years ago, by the Anti-Adulteration Society, against bakers who used chrome-yellow in their fancy pastry, met with splendid success.

However, we believe that the only effective way to put a check to this extremely pernicious and dangerous practice is to establish a suitable national, state or city department, with competent scientific analysts, vested with the authority to restrain from doing business any person, firm or company that persists in putting forth adulterated or otherwise injurious articles. Surely, health is as much entitled to protection as property.

Apropos of this subject, Mr. John Gilmer Speed, in the October *Chautauquan*, gives a long list of common food adulterations, many of them highly deleterious to the health. It is quite likely that alum in baking powder might be found to account for many cases of derangement of the menstrual function, and certainly the sand found in pepper and sugar is productive of none but injurious results.

However, simple adulteration is not likely to be quite as harmful as is the employment of powerful antiseptic agents for the purpose of preventing certain foods from decomposition. The problem has not yet been solved of finding a harmless preservative agent, excepting common salt, wood smoke, and the action of heat. Prominent among the powerful preservative chemicals, and the one most commonly used, is salicylic acid. It is extensively used to keep

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certain malt liquors, cider and artificial drinks. It is also used to preserve a large variety of canned foods, especially vegetables. These articles can all be preserved without its use, but the processes are somewhat expensive and difficult; hence the resort to the cheaper and easier method. It is occasionally used in certain dietary preparations in quantities sufficient to preserve them. This we cannot help regarding as a great mistake, as these articles are used, not only by the robust and healthy, but by those in delicate health, and even by the very sick. In some cases it might be beneficial, in many injurious, and in a few fatal. The physician should be the judge of their need of this medicine, and should not be compelled to administer it with every mouthful of food. Only that should be used that is guaranteed absolutely free from all artificial preservatives. The educated physician is already well aware of the injurious effects of salicylic acid upon the animal economy, when not absolutely demanded for the treatment of a disease to which it is applicable. He is also aware that even then it is administered for only a very short time. In fact, so severe is its action upon the coat of the stomach, producing great irritation and finally gastric catarrh, that it is now seldom prescribed at all; but for many years past it has been the custom among the profession to prescribe some of its less irritating salts, as the salicylate of sodium, whenever its action is desired. But lest some one should claim for it a beneficial effect upon the healthy human system, we will quote some authorities.

Wood ("Therapeutics, its Principles and Practice") gives as some of its injurious effects, fullness of the head, roaring and buzzing in the ears, headache, deafness, partial blindness, excessive sweating, delirium, albuminous urine, the formation of bed-sores, skin eruptions, great nervous prostration, breaking down of the blood and, in many authenticated cases, death.

Potter, in his "Materia Medica, Pharmacy and Therapeutics," says of salicylic acid as follows:

"In small doses it stimulates the stomach, heart and respiration, but moderate quantities derange the stomach, causing nausea and vomiting, while large doses depress the heart's action and the respiration after a primary excitation of both, lower the arterial tension, relax the vessels, produce free perspiration, and reduce the temperature in fever. It causes vertigo, dilated pupils, tinnitus aurium, a sensation of tension in the frontal cerebrum, delirium, and may produce bed-sores from depression of the circulation, but does not affect the peripheral nerves as to either motion or sensation. It stimulates the kindeys, at the same time disinfecting them and increasing the acidity of the urine, but may so irritate the kidneys as to produce albuminuria and hematuria."

The United States Dispensatory says as follows:

"Salicylic acid has been used for the preservation of various articles of food, but the employment of it should be interdicted, a commission appointed by the French government having reported that its prolonged use, even in very small amounts, is dangerous, especially to aged persons."

Bartholow, in addition to the general statements made above, asserts that the drug is especially dangerous in those who have been addicted to the use of alcoholic liquors—"bringing on, in them, violent delirium."

But it is unnecessary to multiply authorities. They all agree that this agent is an effective remedy, administered for a short time only, in certain acute diseases, but is otherwise injurious.

The test for it is simple. Add a small quantity of the solution of the chloride of iron (ferric chloride) to the substance suspected to contain salicylic acid. If it be present the mixture will develop a deep violet red color. In some articles it is used so freely that its presence may be detected by its pungent, biting impression upon the tongue and throat.

Let us imagine a man sitting down to his dinner in these modern times. He takes his cup of clam broth—perhaps several of them, as, when pure, it is an especially wholesome drink—his tomatoes, corn, peas, beans, etc., all of the cheaper grades of canned goods, preserved with salicylic acid, until, in the course of the meal, he has taken, in all, a large dose of the drug. Then he wonders what gives him such a fearful headache. He keeps on in this way until he soon begins to wonder why it is that his health is failing, since he lives such a correct life, while his father on the farm is enjoying a hale old age.

The same thing, practically, only with different details, may be said of other powerful preserving agents. The only general preservative

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allowable is heat, as employed by the careful housewife in putting up her fruits. It is the truly scientific and successful process.

In the light of the foregoing it would seem that it is the duty of every physician and every head of a household to see that all food which receives their patronage is absolutely pure, until such time as we may all be effectively protected by the public authorities to be created for that purpose.

The honest manufacturer of pure articles of food will welcome such a state of affairs as heartily as any one, since it will compel all others in his line to compete with him upon fair and honorable terms.

Permanganate of Potassium, the Best Antidote for Phosphorus.

E. Q. Thornton, M.D., Demonstrator of Therapeutics of Jefferson Medical College, after a series of experiments, detailed in full in the January number of the *Therapeutic Gazette*, comes to the conclusion that permanganate of potassium is the best antidote for phosphorus. It must be given before the poison has been absorbed, must be well diluted (one part to two hundred of water) and must be given in considerable excess. The reaction forms black oxide of manganese and a solution of phosphoric acid and phosphates.

Special Numbers.—Diphtheria for March; Rheumatism for April.

There has been a lively interest taken in the selection of a subject for the special number for March. The number of our readers who desire especial information upon diphtheria and rheumatism seems to be very great, with rheumatism slightly in the lead. However, as these are two very important subjects, and as we wish to accommodate the readers who expressed a choice for a discussion of each one, we will devote the next two numbers to these two especial subjects. As diphtheria is peculiarly a disease of the current season, and as it now prevails as an epidemic in many localities, we will devote the March number to this disease. We invite the views of our readers in regard to all phases of the discussion of this disease, but more particularly as to diagnosis, prevention and treatment. All copy should be in our hands on or before February 10th.

The April number will be devoted to the discussion of rheumatism.

We are compelled to announce to our contributors that we were utterly unable to publish all of the articles submitted to us for this month, on account of lack of space. Many excellent articles are held over for the next number.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Notes and Comments.

Editor MEDICAL WORLD:—I found your pneumonia number very interesting, the more so that its testimony bears out my own views. When good practitioners report equally good results following diametrically opposite methods of treatment, it follows that the tendency of the disease towards recovery must be quite decided. And this I believe to be so much the case, that the vast majority of pneumonia cases will recover in spite of the digitalis, ergot, veratrum viride, alcohol, antipyretics, cold baths, and other remedies to which all sorts of cases have been indiscriminately subjected. There are cases for arterial sedatives; and there are many in which the use of these drugs would be disastrous, when a fatty or dilated heart vastly increases the danger. In the aged, sanguinaria and ammonia have a beneficial action I have never witnessed in young adults; and I may say the same as to the action of quinine in full doses for infants. In the pneumonia of measles I have just had a new and striking proof of the efficacy of ipecacuanha. In all forms, the hot mush jacket is worth as much as any internal remedy. In the influenzal form, and in all cases where there is reason to doubt the reliability of the heart, the best treatment is the combination of antipyretics and cardiac tonics; and if I were to select an exclusive routine treatment I would prefer this to the veratrum or the simple expectant method.

Dr. Nance will find no remedy of much value with his first case (arthritis deformaus), unless she has the virtue of perseverance. She should be given iodide of potassium and salicylate of lithium, alternately of each three grains, four times daily, each dose to be given in at least eight ounces of water. With this, hot baths, massage, faradization; and compel her to exert herself as much as she possibly can.

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Dr. Nance's second case requires surgical interference, and he is not justified in trifling with it, in the hopeless attempt to relieve by means of medicines.

Medicus (page 20) gives a good illustration of the perils to which physicians subject themselves by using such drugs as cocaine. This danger should always be weighed when we advise patients to employ palliatives instead of operating. It is *easier* for patient and doctor than to nerve up to the operating point; but all the same it is very bad practice. As to curing the cocaine habit by advice, I have long since given that up. My wise friend, Dr. Woodbury, says that many people *think* they want to stop using narcotics or alcohol, but they don't. In the seven years I have been studying these habits I can hardly recall a single radical, permanent cure, obtained by prescribing for the patient at his own home while conducting his business. My invariable rule is never to touch a case that is not willing to leave home and business and devote himself exclusively for at least six weeks to the business of being cured.

Dr. Neely's case is one of Addison's disease (page 21); a rare affection, of which the best description is to be found in Bramwell's Atlas of Clinical Medicine, Vol. I.

Let "M.D." tell his patient (page 21) to eat little meat, drink no coffee or alcohol; and give her every day a scruple of purified salicylic acid, in four doses. Then paint the skin up to the margin of the anal mucous membrane with compound tincture of benzoin. Do not touch the membrane with it, or she will give you worse fits than your predecessor got. If she has hemorrhoids, operate on them.

Expert's queries should be asked of his lawyer. The laws differ in the various states.

As to Dr. R. F. B.'s case (page 21), the elements of a certain diagnosis are not given. "Dull pain in the right side at the edge of ribs, short breath, weakness and anorexia." Nothing definite to show if it were appendicitis, hepatic congestion, abscess or sub-diaphragmatic hepatitis, or even sub-acute pleurisy. Next, "dullness extending as low as ilium." On which side? If on the right, it was due to solid or liquid matter; if solid, it was perityphlitic, fecal, enlarged liver or kidney, or tumor. If liquid, it was peritoneal fluid, pus, blood, urine, bile, or hydatid. The history does not clear up the matter at all; but points to a pleurisy of a sub-acute course. If we attribute the early abdominal symptoms to the fecal collections, with a pleural effusion occurring at the start, somewhat latently, and afterwards increasing in extent, and the symptoms becoming more marked, this is the best "guess" I can make from the data before us. If this be correct, the affection will be likely to again show itself.

Inquirer (page 22) can do better than either of the plans mentioned for removing hemorrhoids. His solutions are too strong. He would find in the Rectal number of the *Times and Register*, two new methods of treating hemorrhoids, each of which is at once safe, easy, and serviceable.

Part of Quebec's queries I can answer. For artificial impregnation, a special syringe is supplied, but an ordinary, long nozzled, hard-rubber instrument, such as gynecologists employ to empty the drainage tubes, will answer. Having rendered the uterine cavity and vagina as healthy and free from possible noxious germs as possible, and having ascertained that the husband's semen contains healthy spermatozoa, the husband puts on a condom and has intercourse with his wife. The semen is then quickly taken up into the syringe (this having been sterilized and warmed), and from one-tenth to one-half a drop injected into the uterus. This is quite enough; and care must be taken not to yield to the natural impulse to insure success by injecting a large quantity, as semen is very irritating to the uterus, and painful uterine cramp may be produced by even the small quantity suggested. This is the method; and in the only case coming under my cognizance it failed. The supposition was that in that instance the sterility was due to obstruction of the fallopian tubes, when the operation could not be expected to succeed. If the difficulty be in the vagina or the uterine neck, success should be obtained if the operation be properly performed. I should like to hear of any successful cases known to any of THE MEDICAL WORLD's big family.

Medico (page 22) has a case of impotency from plethora. A man five feet five inches high, weighing 180 pounds, with phosphaturia, who is laying aside his more active habits, is very apt to be impotent. Let him beware of aphrodisiac drugs, train and diet himself down to 160, and then only seek connection when the inclination and power come naturally and without stimulation. He is not a boy any longer, and must get that fact firmly fixed in his cerebrum.

Dr. J. O. Kent (page 22) would better write to Dr. Dudley Reynolds about the tobacco habit.

Dr. Lide wants a successful treatment for membranous croup. Some men seem to want a good deal. Doctor, when you find it, be good, and write it out for the rest of the household. Palliate with morphine until the abdomen begins to retract during the inspiration, and then intubate or do tracheotomy. Perhaps you can dissolve the membrane with trypsin, peroxide or

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lactic acid, but the two remedies suggested meet the indications best.

H. E. Mitchell (page 22) would better have an aurist see to his tinnitus.

Kindly record my vote for the consideration of diphtheria in the March WORLD. An old and dreaded enemy; I return from each battle with him with renewed respect for his prowess. I want all the help I can get in the fight with him.

WILLIAM F. WAUGH, M.D.

1725 Arch Street, Philadelphia.

Bleeding in Pneumonia.

Editor MEDICAL WORLD:—Although a village doctor, an experience of more than half a century may be sufficient apology for differing somewhat from the learned professors in the treatment of pneumonia. The admission above will, of course, class me as an "old fogy," entitled to little credit in these more enlightened days, yet the views hereafter given are supported by many of the profession who have a national reputation. In the discussion of the subject under consideration several years ago, by the National Medical Association, the sentiment of the members who participated in the debate was so widely different that we were left without a guiding star, and as a consequence had to fall back on our individual experience and judgment in the management of that disease. We all recognize the fact that, as stated by Professor Hare, pneumonia presents itself in two different forms—the acute or sthenic and the typhoid or asthenic. In regard to the first of these I propose to give my views, that being the type upon which disagreement rests. In a practice of many years I have, of course, had to deal with cases of both the acute and typhoid type, and my success has been so satisfactory that I cannot materially deviate from my former practice. As I remarked in a former article, I think there is no doubt of the inexplicable fact that diseases in the last quarter of a century have assumed more of a typhoid character and, as a consequence, require different treatment and perhaps more skill and judgment in their management. In the early days of my practice I found none but cases of the first type, in which every indication lead to venesection as the proper and potent remedy, and the success of this treatment was truly gratifying. The violence of the disease was such as to require the assistance of the doctor in the early stage of the sickness the time at which the value of the remedy is so pronounced. Perhaps this treatment may have been somewhat modified if at that time the long list of antipyretics had been known, though I still insist that nothing yet discovered is as prompt and energetic in relieving the fever, pain and congestion as free bleeding, and this opinion is still held after a trial and experience of twelve or fifteen years with these remedies. I am in accord with the views of Dr. McCahey, as given in the January WORLD, though I would advise the abstraction of twice or thrice the amount of blood recommended by him, depending, of course, upon the age and physique of the patient.

In answer to those who so much dread the debilitating effects of bleeding, I would inquire which is more weakening, the abstraction of twelve or sixteen ounces of blood (vital fluid, to make it more alarming) or the severe shock to the nervous system and excessive labor of the heart for the period of twenty-four hours which is relieved in fifteen minutes by venesection! The experience of the physician and the great relief experienced by the patient fully attest the prompt and beneficial effect even while the blood is flowing, and the calm and peaceful repose thereafter will tend to recuperate the powers of the system. After this prompt and energetic treatment a resort to one of the antipyretics may be required to hold the fever in check and shorten or abort the disease, so that in most cases a resort to tonics or stimulants will not be required. After the fever is abated, if there is still some inflammation and pain in the chest, a blister of good size is appropriate. Professor Dewees properly taught that there was a proper blistering point which must be attained before any value can be attained by its use, and the same is true in the adminstration of many other remedies in order to get satisfactory results. That I may not be regarded as unnecessarily addicted to the use of the lancet I will state that very few cases of pneumonia at the present time, in my opinion, require such active treatment, and further, though in puerperal convulsions, bleeding is the general and recognized remedy, I have never in but one such case regarded it the proper remedy, nor have I ever lost a patient, though my experience is limited, I am happy to say, to not more than ten or twelve cases. Time was when the prejudice against calomel both by the doctor and the laity, almost caused its disuse, but experience has demonstrated that, properly used, it is of great value, and for which there is no substitute, and I am tempted to predict that the same result will be attained in case of venesection in most cases where the high fever and tumultuous action of the heart indicate its use.

Next to bleeding, and in many cases superior, I regard sponging with cool or cold water as a valuable remedy, promptly reducing temperature and giving a degree of comfort which is recognized by the patient who often calls for a repetition of the remedy. After a

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few trials of this remedy the good and pleasant effects will be so apparent that in the future it may be more generally adopted. There are few better evidences of the value of remedies than the ease and comfort (anodynes excepted) given to the recipient, thereof, and, judging by this criterion, a strong argument is adduced in favor of the remedies employed.

Port Republic, Va. G. W. KEMPER, M.D.

Some Cases of Venesection.

Editor MEDICAL WORLD:—For more than thirty years I have been practicing venesection as a remedy in disease; and will here detail those cases which now occur to me:

When I was a boy, perhaps fifty years ago, I saw my father, who is not a physician, bleed many persons in the country who came to him in the spring time to have "some of the bad blood let out." I do not bleed indiscriminately, nor do I believe it is a hobby with me.

Case 1. About twenty years ago, I was called early one morning into the lumber woods to see a female who had been found alone in puerperal convulsions by a neighbor woman who was living in another portion of the large shanty. In connection with other treatment I took about a pint of blood from her arm. This had no observable effect or benefit. The fear of post partum hemorrhage at the birth of the child prevented my taking more. This was an error. I should have bled until saw some effect.

Hypodermic injections of morphine, anesthetics, strong local applications also failed, but revulsive enemas seemed to control the convulsions. She did not react from the coma, and she died fifteen hours after she was discovered. It was an error to force labor, which I did by dilating with my finger, as the happy moment which I so ardently hoped for, and expected to see the convulsions terminate with delivery, never came to me.

Case 2. Mr. B—, a superintendent of a a log drive, came home, complaining of pain in his chest, for which I prescribed. About midnight he sent for me saying that he could not lie down, could not sit still, could scarcely walk, and would take laudanum, morphine, chloroform, or would do anything to be relieved of the distressing dyspnea and pain in his chest. Assuring him that I would relieve him, I directed that he lie on the bed while I bled him. Half a pint of blood was taken when it ceased to flow. I then resorted to the other arm and also obtained half a pint. He expressed himself relieved and was soon asleep, resting until daylight. He had double pneumonia from which he slowly but fully recovered.

Case 3. I was called to treat a short, stout, heavy-built, plethoric young woman, who had not changed for some months. The former medical attendant, failing to relieve the amenorrhea, told the parents that "she was in love." This was taken as an insult, and he was forthwith dismissed. I tried various emmenagogues, hypodermic injections, and faradism without avail. I then bled her a common tin wash basin full—from three to four pints. This proved successful, and other medication ceased.

Case 4. I took a pint of blood from a married woman, two or three times, at different periods, for some uterine disease, whose symptoms I cannot now recall. She subsequently had a sudden severe pelvic hematocele, from which she nearly lost her life. I did not bleed her afterward. She had an offensive discharge from the uterus, which another practitioner diagnosed cancer. This was more than twenty years ago, but she is still living.

Case 5. A young man, under twenty-five years, called voluntarily for venesection to control frequent epileptiform convulsions he was subject to. When I informed him that venesection would not cure him, he replied that it had previously relieved him, and, he believed, kept off the attacks. I think I bled him about four times, taking sixteen or twenty ounces each time. He proposed that I bleed him every month, which I declined. It proved but temporary relief, and he methodically committed suicide by shooting himself in the head, before his mirror. —

Case 6. A large, plethoric gentleman, of sedentary habits, who indulges regularly in his potations, was suddenly seized with vertigo, after dinner. He was prevented from falling, but found his eyesight impaired. I took eight ounces of blood from one arm, when it ceased to flow. Then resorted to the other, and obtained a like amount. His head was relieved, but the sight of one eye was nearly gone. It finally cleared up under alterative treatment.

Case 7. I was called one evening to find a healthy, well-nourished young man lying on the floor in a condition of deep coma, from which his friends were vainly endeavoring to arouse him. Being unable to obtain a history of the case and believing that it might possibly be due to an over loaded stomach, I administered an emetic. This acted well but did not clear up his head. Then in consultation with the family physician I took a pint of blood from his arm. This had the desired effect. He has voluntarily called twice since for his venesection.

Case 8. A previously healthy little girl had a mild attack of scarlatina, which the parents considered did not require treatment. Shortly afterward I was called to treat commencing

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edema of the face and extremities. Different diuretics did not benefit her, and a sudden attack of uremic convulsions admonished me to call a consultant. We agreed to bleed, and the blood was caught on cloths as she reclined on the bed, so I could not tell how much was taken. It had no more benefit than other treatment and she soon succumbed.

Case 9. By request I two or three times bled a very fleshy, phethoric, florid-faced lady to relieve a feeling of fullness in her head.

She was arrested and thrown into jail, as a supposed accomplice of her husband in the transfer of property. The condition of excitement and mental anguish which this produced brought on an intense engorgement of the veins of the head and neck, until the face was bloated and purple. I abstracted more than two pints of blood while she reclined on the bed, which gave immediate relief.

She strongly asserts that I saved her life, and perhaps the venesection prevented apoplexy. At her request I bleed her twice a year since.

Case 10. I have twice bled the above noted lady's husband to relieve his plethoric condition. He is a short, stout, fleshy, full blooded individual, who occasionally indulges in a spree.

Case 11. A stout, healthy young woman of Irish parentage, a primipara, was found in bed at six o'clock one morning in puerperal convulsions. Late in the afternoon, as I was stepping into my phaeton to attend a call, an old man approached and requested my services in the case, telling me that the woman had been having convulsions regularly all day and was getting worse. As I entered the room at 5 P. M. I beheld the most frightful looking convulsion I had ever seen. A hypodermic of morphine was quickly inserted into her arm, and as the agitation passed off a vein was freely opened. The blood flowed on, and on and it seemed a long time before I could notice the face blanch. Three pints of blood by accurate measurement was taken, and I was hardly satisfied with that amount. At the lapse of an hour she spoke for the first time in more than twelve hours. When I entered I feared I was too late, and that the brain had already been injured. At 9 P. M. she had two more slight convulsions. Of course other treatment was resorted to, but venesection saved her at the brink of the grave. I ignored the uterus and its contents as I always do of late years in these cases, until labor pains admonish me to attend. Five days later I delivered her of a dead child, after which there was rapid recovery. One physician twice refused to attend, and another was treating her for eight hours.

Case 12. I was called from the street to see a healthy young primipara of Irish parentage in a terrible convulsion, produced by overloading her stomach with cabbage the day previous. She had been feeling badly and complaining for some hours, which her regular medical attendant had been trying to relieve. He could not be found when the explosion came. I did not hesitate to relieve her of three pints of blood from the arm, which terminated the convulsions. The following morning her attendant delivered her of a living child and she had a good recovery.

Case 13. The husband of a tall, thin, spare, emaciated, pale, bloodless looking female in the lower walks of life, bade me bleed his wife. She had, not long before, been confined and was having a mild form of mania. I demurred, objected, and then refused. He promptly informed me if I would not he would get some one else who would. I was not as ambitious for practice as in former years, and smiled at the idea of his finding another physician in the place who would bleed her. I concluded I would perform a placebo venesection. About four ounces had been taken, when syncope supervened, perhaps from fright. No harm resulted and the mania soon disappeared. Four ounces of blood from a weak woman may appear a pretty good sized placebo, but I watched my case closely for the effect. Women do lose quantities of blood through the uterus and recuperate rapidly, as experience has often taught me. I did not learn why the husband (German) believed that bleeding would cure her.

Case 14. A raw boned bricklayer, now sixty-five years old, in fair health, comes regularly twice a year for the abstraction of sixteen to twenty ounces of blood. Says he has been following this for thirty-seven years.

Case 15. A tall, healthy, fleshy, florid young man, who imbibes occasionally, calls once or twice a year during his frolic to lose a pint or more of blood. Says it relieves his head.

Cases 16 and 17. Two short, stout, healthy, temperate, red-faced young german men, call once or twice a year to give up their pint of blood.

Case 18. A large, fleshy, plethoric gentlemen of leisure calls twice a year to surrender his quota of twenty ounces; says he feels relieved.

Case 19. I advised a stout, heavy built, florid active gentleman who has a gourmand's meat-eating dyspepsia, to allow me to bleed him to relieve the heavy symptoms of which he complained.

When I had taken about ten ounces, a slight epileptic convulsion seized him. I then desisted. There was no apparent relief of his head and plethoric symptoms, and I did not repeat. Hydragogue cathartics and blue mass would

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have had a better effect on his atrabilious headache. He had taken largely of pepsin and dyspeptic remedies.

Case 20. A young fleshy, florid, plethoric married lady who over indulged in the pleasures of the table, had flushing of the face, nervous tingling and twitching in different portions of the body and extremities, numbness, functional palpitation and pain about the heart and dizziness, was bled twice. When six ounces was taken nausea, vomiting and faintness came on, probably due to imagination and fear. The last time she bled six or eight ounces in bed during the night, from my allowing her to loosen the bandage before I left.

No disagreeable effect followed and her red face and full head were somewhat relieved, as also the palpitation. Venesection, however, does not show attractive results in cases of acute indigestion with plethora.

Quite a number of fleshy plethoric women, white and black, come once or twice a year for venesection. It relieves the fullness in their veins and dull head symptoms.

Of my various cases of venesection there were but four that I thought were not benefited, and in none did I trace a direct or apparent injury.

I perform from fifteen to twenty venesections a year.

I advise every educated physician to procure a good spring lancet, and not be afraid to use it.

I will give an idea of my selection of cases, and will say, first:

Venesection by compulsion: These consist of puerperal convulsions, sudden attacks of coma, shock from fall, and the sudden onset of violent acute mania.

Venesection by option, should be sudden attacks of pneumonia, with dyspnea, plethoric headache, debauches, cerebral congestion, pleurisy and amenorrhea in women who gain flesh rapidly. Pregnant women do not gain flesh rapidly.

There are undoubtably other cases which I do not now call to mind, but which I hope THE WORLD family will bring out.

How to proceed: Place the patient in a large easy rocker, or other high-back chair, that can be readily tipped back in case of syncope. Avoid a tight sleeve, and roll up nearly to the shoulder. Ligate the arm about the middle third with a narrow bandage, twice around. When the veins are full select the median basilic or cephalic, or preferably, the one showing to best advantage, Should you take plump looking lower ones "you will get left." Do not depend altogether on vision, but feel for the corded vein. In some cases this will be your only guide. I saw a case where another physician (?) had made a dozen cuts at random, without success. Having to make a second or third cut in the same spot is of no moment, if it is over the vein. I generally cut first through the skin, and then into the vein. Explain that you can perform the act to better advantage by so doing.

As a rule, bleed your patient in a sitting position, unless circumstances prevent. When reclining, let another person steady the arm.

Direct the patient to inform you as soon as any effect is felt on the head, when you are to loosen the bandage, and place a small compress over the orifice. Apply a roller, and tie with narrow bandage.

When the ligature is bound too tightly during venesection, the blood may soon cease to flow. Relaxing will restore the stream.

Syncope or an epileptic convulsion amounts to nothing, and will soon pass off.

The vessel I use to catch the blood in my office is a large glass graduated measure. With it I prevent the first spurt of blood from striking the ceiling or opposite wall, and, if I wish, the faces and clothing of the curious, questioning spectators.

The compress should be soaked off in twenty-four hours with warm water.

In no instance have I had any one of the sequellæ spoken of by Prof. S. D. Gross in his work on surgery.

I submit these foot-prints for the use and benefit of those conscientious workers who are striving for success, and hope they will be the means of adding to that deserved remuneration of which too many of us allow ourselves to be daily fleeced.

Cumberland, Md. W. J. CRAIGEN, M.D.

Pneumonia.

Editor MEDICAL WORLD:—Of late the opinion has gained ground that pneumonia is an acute fever, dependent upon a micro-organism, and various antiseptic plans of treatment have been recommended.

There is a wide difference of opinion among the practitioners and teachers of this country, as to the treatment of pneumonia.

Venesection is still practised by some, and recommended by others. I think venesection is of great importance if rightly employed.

Prompt and free bleeding is called for in threatened death from asphyxia, when the right heart is distended, cyanosis is well marked, and the pulse becoming small and rapid.

As to arterial sedatives, most of the text books on practice and many of the prominent teachers, discourage their use; but my experience is that veratrum viride and aconite are excellent

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remedies in controlling this disease, and have given me excellent results when indicated.

Opium, in the form of Dover's powders, is a valuable remedy in the early stages of this disease, but is contra-indicated if there is any tendency to accumulation in the bronchial tubes; but in the painful onset is of the greatest service in allaying pain and restlessness.

While many cases of pneumonia do well if carefully nursed and fed, there arise other indications demanding the most prompt and judicious treatment. These are high fever and heart failure, So long as the temperature does not exceed 103°, antipyretics are not generally necessary; but with a temperature above that, I give quinine in ten or fifteen grain doses, twice or three times in twenty-four hours. I also use aconite if the pulse is rapid and small and if the skin is hot and dry. I also give acetanilid and digitalis. If the pulse is full and bounding I prefer veratrum viride.

Repeated cold sponging is a useful adjunct, and if in combination with high temperature we have delirium and great restlessness the cold pack is indicated.

In heart failure of which so many pneumonic patients die, there is no substitute for alcohol. Here, as in typhoid fever, it is well borne by the patient. Camphor as a cardiac stimulant has valuable use. As an antiseptic treatment, I use some of the following drugs: benzoate of soda, phenic acid, iodine or salicylate of soda. I believe that alcohol, opium and good feeding do more good than all else combined in this disease; milk and eggs are essential; the more frequent the pulse the greater need of feeding and stimulants. In the second stage I am doubly watchful to see that the supportive and stimulating treatment is carried out. If there be signs of heart failure I give digitalis; if I apprehend heart clot, I give carbonate or muriate ammonia. I also apply flax seed poultices or hop or meal poultices. I believe there are many lives lost by trusting too much to medicine and too little to feeding and stimulating.

If the secretions are locked up I use small doses of calomel till I get its effect.

I have during my practice of eleven years treated a great many cases of pneumonia and have lost but three cases; two of these were complicated with measles. This is only an outline of my treatment and I hope it will be received as such.

Flora, Ark. R. H. HANNAH, M.D.

Editor MEDICAL WORLD:—"The Physician as a Business Man" is the largest book of its size I ever saw. Please send me Prof. Waugh's "Outline of Treatment." I hope to be as well pleased with it as with "The Physician as a Business Man."

Dongola, Ill. J. D. HART, M.D.

Procedure in Arm Presentation.

Editor MEDICAL WORLD:—In December number of WORLD, Dr. Clendenen, answering "query" of Dr. Patton, in October, in regard to procedure in arm presentation, suggests the old and reliable course of turning. This is all right as far as it goes. It is defective, however, in so far as the Doctor leaves us to suppose that it is the only course open to the practitioner on being called to such a case. Up to a couple of months ago I thought so, too, but *experientia docet.* At that time, after my last case, I accidentally, in conversation with another medical gentleman of this city, heard him say how he had overcome the difficulty, by *shoving up* the arm.

I determined to try that on my next case, not long wanting. In this next case the hand was fully protruding beyond the valva. I brought the patient fully under chloroform, lying transversley across the bed, her feet on chairs, between which I could stand or kneel. Introducing my hand, well oiled, I gradually shoved the arm up beyond the line of the lower border of the head, which was lying towards the right side, above the line of the pubis. During the next two pains I contented myself with simply holding the arm there by pressure. After that I got as much of my finger-tips and palmer surface of them between the pubis and head as possible, and worked and worked, drawing the head towards the prima via during the pains, and straightened the fingers, and the head was pressed against so as to slide on them towards the vagina, and between these efforts it soon did. The head soon became the presenting part, and turning to the old midwife, I assured her that all would be well shortly. I took a walk to the drug store, and after twenty minutes absence found, on my return, the child just about born. This manner of treatment has been tried now so often and successfully, and that, too, I fancy, with less loss of life to all parties interested, that it should be first tried on all occasions. At least I intend to; and yet I have my doubts as to its being always successful, for the patient I succeeded upon as above had twins before, and thus a widened pelvis and loosened tissues. Whether in primiparæ, or in women with narrow pelves and firm tissues this procedure would do, I don't know. Perhaps others will tell. All I can say is, that I would first try it faithfully, before resorting to turning, seeing that no harm is done, and one can proceed at once to turning. The experience of others in this matter would be of interest, if reported in your excellent journal.

Milwaukee, Wis. G. SCHMIDT, M. D.

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Melituria Glaucohemia or Diabetes.—Glucose Diathesis, Sugar Fungus in the Blood.

Editor MEDICAL WORLD:—It is stated that diabetic cataract does not essentially differ from other cataracts, yet the influences as to etiology differ materially. It is also claimed by some authors that the presence of sugar in the blood and urine does not influence the vitality of the cornea, so that the corneo-scleral section will readily unite by first intention. The writer claims, as result of years of observation, that both assertions will not be borne out in special practice. A thorough knowledge of the exact conditions present serve to make the surgeon very cautious, and he will make an attempt to eliminate every vestige of sugar from the urine of his patient previous to an operation for diabetic cataract, having found a lax and soft condition of cornea and conjunctival membrane and peculiar tendency toward suppuration of wounds made for removal of pterygiums and other small operations when performed on diabetic subjects. It is undoubtedly the removal of fluid from the blood that produces the phacomalacia of diabetic cataract. Hence much can be accomplished by careful preparation of the subject for cataract operation.

Rapid withdrawal of water from the blood will produce opacity of the lenses, and, as diabetic subjects pass much water, the nutrition of the lens suffers and opacities develop; contraction and hardening of the internal layers of the lens takes place, and consequent shrinkage and then filling in of liquid charged more or less with sugar, which takes up water and exercises a much more injurious influence than usually obtains. Hence is offered the following theory of causation and treatment, the latter as preliminary to operations in diabetic subjects afflicted with cataract.

Glaucohemia is a state caused by extreme nerve depression or intense poverty of nerve force (Russell), which gives rise to excessive elaboration of sugar, which assumes the character of a living, breeding fungus in the blood, gives rise to an immense discharge of sugar in the urine, which has a sweetish taste, is of a pale yellow color, with an odor of new-mown hay, being usually very heavy, ranging from 1020 to 1065, and ferments with yeast; the breath smells like chloroform; appetite for either food or drink is great.

Cataract often develops; the disease may run along for years, and usually terminates either in a deposit of tubercle in lower lobe of the right lung or in Bright's disease. The intense poverty of nerve force gives rise to excessive irritation of the eighth pair of nerves, and then excessive elaboration of sugar. Grief, worry, struggle, lie at the foundation of all cases of diabetes (Russell).

Both the pancreas and liver are supplied with branches of the eighth nerve. Independent of the nerve form, many cases are due to disease of the pancreas, producing wasting, voracity, fatty stools and indigestion. Sumbul in from five to fifteen-grain doses after meals has, in every case in my experience, proved infallible in preventing a change of starch into glucose and in causing a disappearance of sugar from the urine. Salicylate soda will also stimulate the pancreas, while the glycerite of kephaline will repair the brain trouble. Diet should consist of meat, poultry, game, fish, cream, butter, lettuce, water cress, greens, bran bread and buckwheat cakes and almond tea.

I would much rather chance the healing of a corneo-scleral wound for cataract extraction after a short course of such treatment than to take chances from suppuration without any preliminary care. I have several cases under such care at present, doing nicely, and will, in a couple of weeks, be ready for safe operations for extraction of phacomolaceous cataract.

C. A. LAMBERT, M.D., Oculist, etc.
89 Madison Street, Chicago, Ill.

Impure Air the Cause of Neurasthenia.

Editor MEDICAL WORLD:—My sympathies are with Dr. M. F. Pilgrim, of Vermont, whose appeal in December WORLD again brings to the front those cases of intractable, shifting neuralgias, anemia, nerve-starve, prostration or sense of fatigue, physical and mental hamper which prevents exertion except under the spur of necessity or duty, and render life a tug between will and wear.

In this class of cases, medicines, even carefully and skillfully adjusted to symptoms, bear but transient fruit, for the basic reason that the undermining cause of this neurasthenia is not ferreted out and corrected, but continues in operation, impairing the oxidation, the nutritive and eliminative processes of the system by which the healthful balance of functions is maintained.

These cases of Dr. Pilgrim doubtless are of the carbonic oxide gas victims or common fuel gas-pestered people who live too much in a moderately gas-poisoned home or workplace breathing air. Carbonic oxide from burning fuel, kerosene lamps, gaslights, etc., spoiling the breathing air of every breath, day or night or both, with undue exclusion of purifying fresh air constantly, is exactly calculated to disable persons, especially women much indoors, in the manner the doctor describes. With the drift against tone and vitality, without necessary sanitary chance for the system to

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right itself and keep so, medicines are like chaff on a sluggish stream.

Anemia is the mother of defective nutrition, and fuel gas backed from the fires and inhaled in the house breathing air is the father of anemia. Close rooms, dry heat and re-breathed air are the incubators. Correct the insidious coal gas, coke gas, wood or charcoal gas; watch it as one would a snake; flush the house air, room air, kitchen air, shop air, sleeping room air with fresh out-door air day and night as the true reconstructive of a worn and sickly body; and then curative doses of proper medicines will have a show to sustain their usefulness, and the doctor and patient will both be happier. GEORGE B. H. SWAYZE, M.D.

1726 N. 22d Street, Philadelphia, Pa.

Obstetric Slippers and Support Home-Made.

Editor MEDICAL WORLD:—The manufacturers of these articles ask the moderate sum of $5.50 and $6.00 for them. Now, while I agree with them in all they claim for their slippers, yet I must say that any physician can make a pair at a cost of $2.50. Let him buy a pair of slippers, stirrups made for ladies side saddles, and the leather straps to go with them, and he can easily make the hand-holds out of two bucket handles, and he has all that he needs for his obstetric slippers at a small cost. I have used such a style of support for the last thirty years, and they are always in my obstetric bag. I would as soon leave my forceps at home as my slippers. Many of my patients say that they do not dread to be confined when they have the apparatus. P. H. THORNTON, M.D.

Lakeport, Cal.

Jaborandi.—Boyle's Colic Specific.—Hyperesthesia of the Vulva.—Impotency.

Editor MEDICAL WORLD:—As jaborandi, of which pilocarpine is an alkaloid, has been largely used by the Brazilians for hundreds of years, and as they have not discovered it to have any specific effect on the brain, Dr. Field (page 422) need not expect favorable results in his case from pilocarpine.

Dr. G. F. Hunter's inquiry (page 423) as to the most successful treatment for colic, recalls the following prescriptions recommended over 200 years ago by the celebrated Robert Boyle, the leading philosopher of his age.

"A medicine almost specific for a fit of the colic. Take about half a dram of the expressed oil of nutmegs, commonly called oil of mace. Dissolve it in a spoonful of good wine, which the patient is to take as hot as he conveniently can."

"An often tried remedy for the gripes in young children. Take of oil of nutmeg, and of wormwood, of each a like quantity; mix them well, and with the mixture a little warmed, anoint the patient's navel and pit of stomach."

In my practice I usually obtain quick relief by giving 1-8 of a grain of morphia, five drops of oil of peppermint, or fifteen drops of spirits of nutmeg and two teaspoonfuls of whisky every half hour. Externally I apply at the same time either a dram of spirits of nutmeg, or in severe cases half a dram of pure chloroform. If the chloroform is prevented from evaporating quickly, it will produce intense pain, which, however, quickly vanishes, and usually takes the morbid pain along with it. Injections are valuable in all cases, after the pain has subsided, and in some cases are indispensable to relieve the obstruction causing the gaseous accumulation. I have had two cases in which pain and vomiting continued until repeated injections dislodged the fecal impaction.

Dr. F. A. Casey's case of congested or supersensitive vulva (page 423) might be relieved by the application of leeches to the affected part, or blisters or wet-cups to the contiguous fleshy parts.

Deltoid's patient (page 423) is not likely to be cured as long as he continues horseback riding. His affection was styled in ancient times the Scythian disease, because of its frequency among the Scythians, who may be said to have lived in their saddles.

Perhaps Dr. Tice's patient (page 423) is pregnant again. P. MCCAHEY, M.D.

1413 South Tenth Street, Philadelphia.

Rectal Tubes.

Editor MEDICAL WORLD:—In answer to Drs. Smisson and Payne's questions in the November number of THE MEDICAL WORLD I would state that I have used rectal tubes for several years for a variety of purposes, and always to my greatest satisfaction. I use them for rectal or colonic feeding, in obstruction of the bowels, irrigation of bowels, enteroclysis, etc. In typhoid fever, for instance, my treatment is: calomel purge, colonic irrigation, and sulphocarbolate of zinc (of course barring complications). I could not get along without the tube in typhoid fever, dysentery, obstruction of bowels, etc., cholera infantum, cholera nostras and asiatic cholera, if I had to treat this dreaded affliction. Cantani's greatest success with enteroclysis in cholera would be impossible without the rectal tube.

For older children and adults I use Langdon's tube of pure soft rubber, five feet long; for smaller children and infants I use a strong male catheter of soft rubber 20–24 inches long.

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The tube is attached to an Alpha or Davidson or fountain syringe, according to circumstances or convenience.

Cincinnati, O. A. F. JUETTNER, M.D.

The Treatment of Epilepsy, with Special Reference to the Use of Solanum Carolinense.

Editor MEDICAL WORLD:—I desire to report my experience in the treatment of epilepsy with Solanum Carolinense (not horse nettle), the new remedy so highly praised and used by our most brilliant physicians with a remarkable success.

In December, 1891, I was called to see the 8-year-old daughter of Mr. George Cooke, glass-blower, in the window-glass house of S. R. Wells, this city, whom I found in an epileptic fit, which lasted fully ten minutes and was rapidly followed by three others equally as hard. She had been afflicted with epilepsy for four years, having as many as eight or ten in a single day; and it looked like an incurable case, as her mind was rapidly becoming affected. She was very nervous and fretful. I at once put her under the use of Solanum Carolinense, which seemed to affect her nervous system in a very short time, as she had only one more fit the next day, and has never had an attack since; and at this time is a hearty, robust child, full of life, energy and play. I had her continue the use of the medicine for seven months, taking a teaspoonful three times a day. I am satisfied the recovery of this case was due to the treatment, also to the good judgment and confidence of her parents. This case had been treated by some of our best physicians in Ohio and also in this city. All preparations of the bromides had been used with only temporary relief.

My next case was Miss Mattie Woods, of this city, aged 13 years, who had been afflicted with epilepsy for six years, it being hereditary, one brother dying in a fit. This girl is well developed, of good figure and stature. May 1st, I was called to see her and found her just recovering from a severe fit. This case is rather peculiar from the fact that she always has warning of the coming attack and at once lies down. The little finger of the left hand begins to draw and cramp, the pain extending up the arm until it seems to strike the brain and she loses consciousness; the muscles of the entire body are contracted and she feels very sore for hours after each attack. She has these seizures three or four times a week and they were becoming more frequent and harder. I gave her the Solanum in teaspoonful doses, but the attacks did not stop until the dose was increased to tablespoonful doses every three hours. After taking it four days she became dull and sleepy. The dose was then lessened and all symptoms of the fits stopped. She is still taking the medicine regularly every day, and I feel confident that her recovery will be complete.

In January, 1891, I was sent for to treat Jessie Deery, the 12-year-old daughter of Thomas Deery, Esq., of this city, who had been afflicted with chorea and epilepsy for two years. Her general health was very bad and the attacks very frequent—as high as ten in a single day—and her mind seemed almost gone. She was very wakeful, and the least noise or excitement would bring on an attack. I at first used the bitter tonics and iron, but found no relief. I then commenced with the solanum and crowded it, commencing with teaspoonful doses every two hours and every day increasing the dose until she was taking two ounces a day. After the sixth day she seemed more quiet; the jerking ceased and the fits were not so often. The fifteenth day she was very dull and sleepy, impossible to rouse her; fits and muscular contractions stopped. I ordered all medication withheld and had her drink hot water and beef tea; she soon recovered from her stupor, and the next week commenced using the solanum again in teaspoonful doses after meals. This case made a good and rapid recovery and is now going to school every day, with no symptoms of epilepsy. I have other cases under treatment, some of long standing, and, where no serious complications exist, all are doing well.

Greenfield, Ind. J. W. SELMAN, M.D.

Morphine and Atropine for Colic.—Passing Tube above the Sigmoid Flexure.

Editor MEDICAL WORLD:—In response to Brother Hunter's inquiry on page 423, I would suggest from my own experience, that he try for his cases of intestinal colic the *combined* action of morphine and atropine, instead of morphine straight. Wherever we wish to *relieve pain, overcome spasmodic action, and produce sleep*, the combination is far more efficient and *less* objectionable in every way. It is my sheet anchor when these indications are to be fulfilled. Also give by the stomach:

R. Spts. etheris comp.
Tr. cardamom.....ää qs
M. Sig.—Teaspoonful every thirty minutes.

The third dose will rarely be found necessary.

Drs. Smisson and Payne, same page, are very like the rest of us, never too old to learn. In answer to their question, I am ready to say, *there is* an instrument which answers the purpose nicely and can, or at least should, be found in the immediate possession of *every* practicing

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physician, known to us all as the *soft rubber catheter* No. 12, or larger, which I know I have succeeded in passing through the sigmoid flexure of the colon, and through it injected a quart of kerosene oil, followed by two quarts of warm water. This was in a case of fecal impaction high up. I was in consultation with another physician, and, the life of our patient having been already dispaired of, and symptoms assuming alarming characteristics, I accidentally came across the above instrument in my satchel, which at once suggested to me the idea that it might be just the one thing needful, as such things often prove to be in an emergency, other forms of rectal tubes giving us no satisfaction, except that of having the rectum nicely cleaned out. If the catheter will follow up *an obstructed urethra* and finally gain entrance to the bladder, why are not the chances possible that it would find its way through a *larger* and *possibly less resistible* channel, the *sigmoid flexure?* With this idea in mind, and catheter lubricated with carbolized vaseline, I passed it easily up to the flexure, a slight obstruction was met and readily overcome by making spiral rotation and very gentle pressure, and the whole length of the tube, fourteen inches, passed easily on its way up the bowel. I repeated this little operation five or six times, and if the tube did not pass through the flexure, where did it go to and what became of its point and fully three quarts of fluid? This is already answered in the fact that the *whole colon* was thoroughly filled and washed out, the fluids softening up and bringing away *old, hardened fecal masses,* which were fast destroying the life of our patient. This patient was an unmarried lady of twenty-four years, seamstress by trade, enjoying good health. I will further say that the convalescence seemed to be established so soon as the colon was thoroughly cleansed. J. A. RANDALL, M.D.

Waterboro, Maine.

For Enlarged Spleen.

Editor MEDICAL WORLD:—If Dr. Wilson, page 433 of your journal, would add a tablespoonful of common salt three times a day to his prescription for enlarged spleen, he will find benefit from it. I was once a sufferer from malarial spleen. The salt was the best remedy I used. C. B. HUTCHINS, M.D.

712 Post Street, San Francisco, Cal.

To Remove Ink Stains.—Apparent Permanent Removal of Mammary Cancer.

Editor MEDICAL WORLD:—In the November MEDICAL WORLD I note request from Dr. R. H. Richard. I have generally found that ink may be removed by applying with a camels-hair brush a solution of chloride of lime one dram to the ounce of soft water, and applying freely. Remove excess of solution by means of a clean piece of blotting paper. (Tannin will restore the color after it has been removed.)

I can say to Dr. John H. Trent's question, that I, about three years ago, removed from the female breast a cancer, removing the entire gland. My patient has since had no ill effect from the trouble and now enjoys good health.

Linkville, Ore. H. A. WRIGHT, M.D.

Esophageal Obstruction.

Editor MEDICAL WORLD:—An article by Dr. N. B. Bayley in the November WORLD on a sudden obstruction of the esophagus from swallowing a piece of improperly masticated chicken gizzard, calls to mind a similar case in my own experience.

An old lady found it impossible to get more than three or four swallows of water or milk down at once, which always was regurgitated unaltered within a few moments. A physician was called in, and he prescribed pepsin for the purpose of digesting the substances. After twenty-four hours I was sent for, and after learning that the lady occasionally suffered from collections of gas in the stomach, which could only be ejected after the use of a hot solution of bicarbonate of soda, I determined to try an injection subcutaneously of apomorphine, on the theory that there might be an organic stricture instead of an obstruction. I reasoned that if the case were one of closure from meat, the emetic would dislodge it by means of the enforced relaxation and regurgitation, whereas, if it were a simple or malignant growth, or a mere spasmodic closure, the emetic could do no harm.

After an injection of one-twentieth of a grain of apomorphine the old lady had a piece of beef an inch long and three-fourths of an inch in diameter in the wash bowl, and this within five minutes after giving the injection. I was pleased to have the grateful patient pat me on the back while she ejaculated, "You've saved my life—you've saved my life, doctor."

I say, Mr. Editor, give me apomorphine, and not *pepsin*, in such obstructions.

Eureka, Cal. F. A. ALFORD, M.D.

Home Treatment of Insanity.

Editor MEDICAL WORLD:—We frequently see it stated in some of our medical journals that home treatment affords some advantage over any other for insanity. Since the scourge of la grippe has passed away and left so many constitutions a wreck, what physician has not been called on some time during this last summer to administer to insane patients? Our asylums for the insane have become overcrowded,

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when it seems to me that a great many of them could have been successfully treated at home. Neighbors will gather in, and if they see a patient become a little furious, they will prevail on the physician to send him right away, or he might kill some one. They all take on a panic, and away goes the unfortunate to the asylum. During the month of August, last, four of these cases fell into my hands, resulting from la grippe. In spite of the kind admonitions and solicitations of neighbors, I have restored them all without sending them away. The mental shock, the impaired brain, that generally follows the excitement on taking them to the asylum, is avoided. I will give in brief my plan of treatment, the line of which I have followed with excellent success.

The physician is generally called at the beginning of the stage of excitement. The system is generally loaded down with waste matter, the bowels are locked up, tongue heavily coated. Give four or five doses of mercury with chalk, follow them with large doses of castor oil until the bowels are thoroughly cleansed; keep up an action on them until the patient is considerably reduced in strength, then see that they do not become locked up during the active stage of the disease. After the bowels are thoroughly cleansed, give the following:

R. Potassi bromidi.....drams iij
Chloral hyd.....drams iv
Tinct. opii.....drams ij
Elixir.....ounces iv
M. Sig.—Teaspoonful every two, three or four hours, until the patient becomes quiet.

Keep them in that condition and it will not be but a few days until reason will again take possession of the vacated throne; the patient will gradually pass on to recovery. Modify the medication as the patient improves. In no case should the treatment be pushed too far, so as to produce untoward symptoms, but care and good judgment should be exercised. The patients should be kept perfectly quiet if possible and not have their minds disturbed. Any complications or local troubles should be promptly treated. There is always some one of the family or some neighbor who has almost absolute control over the patient, and such only should be allowed in the room with the patient. This treatment has proved equally successful in puerperal mania.

As a rule physicians are apt to give up too soon and hurry their patients off to the asylum; and the friends, which is too often the case, have to always regret the rash act when it might have been otherwise. The force and excitement that necessarily attend taking a patient to the asylum frequently produces such a shock to the patient's nerve-centers, that in many instances it becomes impossible to repair the waste from that cause alone. We should always be careful not to send our patients away until they have the benefit of a judicious home treatment.

Palmyra, Iowa. J. D. BLAKE, M.D.

Erysipelas in 1844—A Case of Malignant Erysipelas.

Editor MEDICAL WORLD:—I would like to congratulate Dr. Abel Brown, of Newport, Vt., on his extreme age, and also on his success in treating erysipelas in 1844. (Nov. WORLD). I was with it, in its various types, in that visitation. It commenced in this section of the country in 1841, and from that to 1844 many died with it regardless of treatment. They died in from three to eight or ten days after being attacked. There were cases in that epidemic where the flesh on their limbs would begin to slough in four or five days.

They were treated in all ways. About every physician tried his way; still they died. Some commenced by bleeding and their patients surely died. Others with tonics and stimulants, and some lived. Then cathartics, and emetics; some on the expectant plan, but where they selected from all and treated the cases as they required or needed (except bleeding) the patients did the best. For tonics, mur. tinct. iron was the most reliable and has been ever since with me. Quinine was given freely and no doubt helped save some. There were patients enough to try all kinds of treatment. Local treatment was tried, composed of almost everything. It was a constitutional disease, and a constitutional treatment did the best. Many cases demanded active tonics and stimulants, as they would sink very soon without them.

Dr. James A. Davis died last February, with malignant erysipelas. He visited patients at midnight, was taken before morning with a small spot on his hand about the size of a ten cent piece. He died the seventh day. The hand and arm were in such a condition that it could not be moved for the last two days he lived.

Lebanon, N. H. T. H. CURRIE, M.D.

[The Doctor informs us that he has been in practice fifty-two years.—ED.]

Was it Antiseptic Surgery?—Typhoid Fever.—Replies to Various Cases.

Editor MEDICAL WORLD:—I was struck by the report of Dr. Renoe's case in your December number in which he says "It is true from a scientific standpoint, that antiseptics are essential, but from a practical stand point they are not"—your note on the report is excellent but does not go far enough.

If thoroughly cleaning the wound with sterilized water and zn. $so._4$, and then dressing with "Iodoform powder, gauze, cotton and bandages"

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was not a thorough antiseptic mode of treatment then I am afraid we have read and been lectured to in vain. He says he rendered the wound aseptic, by cleansing well with sterilized water, etc., and then dressed it antiseptically and yet he wonders at the repair without suppuration.

I have always tried to impress it upon my patients that cleanliness is much better than godliness in surgery, as I had been taught that the only use for antiseptics in dressing a wound was to make it clean and keep it so, and surely if an antiseptic solution will do the work it is better to use it than go over the wound with a scrubbing brush. What makes his stand more peculiar is that under the circumstances Lister himself could not have suggested a better line of treatment than that adopted.

In Dr. Applewhite's cases of typhoid he mentions one with a clear tongue—I treated three cases in one house last fall and in one of them I found the same phenomenon. His case was the shortest in duration, but by no means the lightest in severity, in the family.

I used a prescription I saw in your valuable paper—gtt. iiss. liq. arsenical, and gr. v. ammon. nit., every three hours—internally for typhoid, and I honestly believe it shortens the duration of the disease by a week or ten days, or even more. I have not had a case in which the temperature remained above normal more than twenty-one days, and, in one case (the clean tongued one), the fever only lasted twelve days.

I always begin treatment with a powder containing gr. iij.—v. calomel and gr. x. sod. bicarb., repeated in twenty-four hours, if the patient is robust. Dr. Gilbert mentions a case of "parasitic disease" in the finger tips—is it really parasitic, or how would zinci ox. dr. i. in liq. guttapercha, co. oz. i. do?

In answer to Dr. Pilgrim, while agreeing with him that "calling it 'hysteria' does not modify the patient's discomfort or enhance the physician's reputation," I would suggest that *treating* it as such might have a different effect. As to the "tired" feeling, I give belladonna, aloin, strychnine and ipecac tablet triturates for the bowels, and the following prescription:

℞ Liq. arsenical..... m xxxij
Tr. nucis vom.
Vin. ipecac, aa.....dr. iiss
Pot. bicarb.....dr. v
Tr. card. co.....dr. iv
Aq. ad.....oz. viij
M. Sig.—One-half ounce thrice daily before meals.

If they are very "tired," I would push the nux. add creosote m. j., or chloroform m. iij., to each dose, if there are eructations of gas or gastric pain, as the case may be—both, if necessary. In other words, I would stimulate the digestion—or cure the indigestion—as I believe you thus strike at the root of the trouble in the great majority of cases.

If Dr. Moscourtz's patient has simple stricture of the rectum I should think the use of rectal bougies would be the simplest and most efficient treatment.

I have a case that has just about defeated me and advice in the treatment of which would be most acceptable. A woman, aged about twenty-five, married six or seven years, has had two children, both alive and healthy, and five or six miscarriages; family history good, general appearance healthy and well nourished. When a child she went once six weeks! without a motion of the bowels, and has suffered from constipation ever since. She has had frequent attacks of *petit mal*, probably from the state of the bowels.

I was consulted by her for the first time last May for constipation and pain in the stomach and lumbar region, and prescribed

℞ Casc. sag. fl. ext.....
Tr. nuc. vom. aa.....dr. iiss
Fl. ext. belladon.....
Ol. cassiæ. aa.....mxx
Aq. ad.....oz. viij
Sig.—oz. ss. t. i. d.

This relieved the constipation but not the pain. Shortly after she had a miscarriage and, when able to be about again, applied to me for relief for the stomach trouble. She said she had had it for about two years and dated it from a former miscarriage—it was now worse than ever and was described as "gnawing" and "sickening." I gave bismuth, pepsin and sod. bicarb. aa gr. v, first before, and then after each meal, without much relief at either time, but on adding gr. ¼ morph. sulph. to each powder, relief was marked, though only while taking powders. I discontinued the powders, explaining to her the danger of starting the morphine habit.

About this time she went for a visit to Brantford, and while there the pain and nausea was so great that she consulted a prominent physician in that city, who prescribed ol. felic. mar. and castor oil, though she had never to her knowledge passed any tape worm. Getting no relief he then prescribed ac. nit. mur. dil., tr. nuc. vom. and tr. card. co., with no better results.

When she came home I gave her creosote, m. j, chlorform, m. ij, tr. nuc. vom., m. x pot. bicarb., gr. xx and tr. card. co., m. xv before each meal, with good results for a time, but she is now as bad as ever and inclined to give up all treatment.

The woman's womb has been shamefully treated; every miscarriage having been brought on I believe, by an operation of the husband's —I think he injects scalding water into the womb; at all events I warned them never to

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call me in to any future miscarriages when I found out the history of the case.

The os is lacerated and there is a permanent tender swelling in the right iliac region almost perceptible to the eye when she is fully clothed. As a last resort I have suggested oophorectomy, but I can hardly bring myself to believe that ovarian trouble could act so decidedly on the stomach.

If any of your readers can help me with a diagnosis or a curative treatment I should be very grateful.

GEO. DEVEY FARMER, M.D., C.M.

Ancaster Ont.

Hydatiform Degeneration of the Ovum.

Editor MEDICAL WORLD: In December number Dr. Joseph J. Waller asks for diagnosis of case described by him. In reply I would, with some diffidence, venture to say that the case was one of hydatiform degeneration of the ovum. I met with two similar cases several years since and they gave me much trouble. The vesicles vary in size from a walnut to a garden pea. The uterus enlarges with remarkable rapidity and the expansion is irregular and more in a lateral than in an upward direction. A peculiar doughy feeling is imparted to the hand upon palpation, which is so distinct from the hard irregular prominences of the fetus. Watery and bloody discharges soon occur, and along with these discharges there may be expelled some vesicles, which at once reveals the nature of the case. These cases generally terminate not later than the fifth or sixth month, as the over distention of the uterus and repeated hemorrhages excite uterine contraction, which generally effect the complete expulsion of the mass, thereby securing the safety of the woman.

Unless the hemorrhage is alarming our treatment must at first be expectant, as there is always some doubt in regard to diagnosis; but should the discharges be very profuse and debilitating, we should resort to means to empty the uterus. We should first try the employment of ergot, which does well in some cases. Should it fail to excite uterine action, we may then resort to sponge tents or Barnes' bags for effecting dilation and securing uterine action.

Mount Sidney, Va. WM. BELL, M.D.

Accurate Medication.—Cases in Point.—Alkaloids, Resinoids, Glucosides, etc.

Editor MEDICAL WORLD:—It is often a perplexing question that meets the practitioner in making up a prescription, or ordering a dose of medicine, as to how much or how little of a given medical preparation shall be administered in order to produce the desired effect.

For instance, in giving most of the tinctures it is necessary to take into the calculation the climate, altitude, moisture or dryness of the soil, season of the year when gathered and constituents of the substance from which the tincture is made. Thus the best tincture of gelsemium must be made from the root gathered in September and contains "*gelsemina* besides volatile oil, starch and gummy pectinaceous and resinous principles," all becoming factors in the effects produced when administered for diseased conditions. So, also, with tinctures of nux vomica, opium, cinchona, etc.

In fact, in the administration of remedies, the crude materials of the Materia Medica are rapidly giving place to those of undisputed value, namely, *the active principles, the alkaloids, resinoids, glucosides etc.* The physiological and therapeutic effects of these preparations are known, and it would seem that there is little to be desired if they are presented in proper form and accuracy of dose.

Again, when the ordinary preparations are given, including the assayed fluid extracts, valuable as they are, they present many difficulties in prescribing, from various causes, such as evaporation, exposure to sunlight, heat or cold, a dry or moist atmosphere, to precipitation of the active principle, to chemical changes, etc., and we cannot know how much or how little of the real medicine is being administered. To remedy these difficulties in the way of accurate medication, why not eliminate all foreign matter and prescribe the active principles instead of the crude drugs or unstable medicinal preparations?

But, fortunately for the busy practitioner, the day of crude drugs is fast passing away. The ultimate active principles of the various medicinal substances are now presented by scientific chemistry, already measured out and ready for immediate administration. The unsightly and oftentimes filthy medicine chest is giving place to the neat and attractive pocket case, containing accurately prepared granules, requiring no "nasty mixtures" and pastes to nauseate the already sick stomach, or, by their unpleasant odor to disgust the patient.

But enough has been said; let us illustrate our points by practical results.

Case 1. Called to see Mrs. S., Nov. 13th, 1892, multipara, youngest child four months old and nursing. Pulse sixty, very weak and intermittent. Temperature normal, chilly sensation on motion; respiration slow and attended with paroxysmal dyspnea; heart sounds normal with occasional palpitation; great tendency to

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syncope on the slightest exertion. Cardialgia nausea and sometimes vomiting. Anasarca of the face, abdomen and lower extremities well marked. Anorexia and insomnia. Bowels constipated. Treatment:

℞ Hyosciamine, 1-250 gr.....20 granules
Digitaline, 1-67.....20 granules
Sig.—Take one granule of each together every fifteen minutes, until all are taken.

Also,

℞ Strychnine arseniate, 1-134 gr.....10 granules
Podophyllin, 1.6 gr.....10 granules
Sig.—Take one granule of each together every thirty minutes; until all are taken, thus taking four granules of hyosciamine, digitaline, strych. arsen., and podophyl., every half hour.

Evening visit.—Dyspnea and constipation relieved; the bowels having acted twice since morning. Heart's action stronger. Other symptoms about the same. Continued the hyosciam. and digital. every thirty minutes, and substituted codeine, 1-67 grain forthe podophyllin; and ordered strych. arsen. and codeine every hour, until twelve granules are taken.

Tested urine, and found it contained about thirty per cent. of albumen.

Nov. 14. Mrs. S. much improved. Anasarca subsiding; syncope and dyspnea less marked; cardialgia and nausea less troublesome, and constipation overcome, with several copious bilious discharges. The temperature continues normal, and pulse sixty-five, with occasional intermissions. Treatment:

℞ Strych. arsen., 1-134 gr.....12 granules
Codeine, 1-67 gr.....12 "
Digitaline, 1-67 gr.....24 "
Hyosciamine, 1-250 gr.....24 "
Sig.—Take one granule each of the strych. arsen. and codeine every hour, with two granules each of the digitaline and hyosciam. every hour, all to be taken together.

Larger flow of urine which has been scant heretofore.

Evening visit.—Every symptom very much improved. Continue treatment.

Nov. 15. Patient continues to improve. No intermission of pulse; nausea, cardialgia and and dyspnea entirely over comes and scarcely any tendency to syncope. Secretions and temperature normal. Urine not tested since first visit. Slept well last night and breakfast relished. Put on dry toast and oatmeal.

℞ Digitalin, 1-67 gr.....9 grauules
Strych. assen. 1-134 gr.....6 granules
Sig.—Take two granules of strych. assen. and three granules of digitalin, all together, *ter in die.*

Urine tested at 3 P. M. and found no trace of albumen.

Nov. 16. Continued improvement in patient. Heart's action full, regular and steady. Continued treatment. Flow of urine increasing. Anasarca, dyspnea and tendency to syncope entirely removed.

Nov. 17. Convalescense fully established. Prescribed:

Tr. Digitalis.....fl. oz. i
Potass. Nitr.....oz. ij
Potass. Acet.....oz ijss
Aqua ad.....oj
M. S. Take two teaspoonsful every four hours in a tablespoonful of water.

Also,

℞ Ferri subcarb.....grs. x *ter in die*

Should the bowels become constipated use a glycerine suppository (P. D. & Co.,) *pro re nata.*

Nov. 18. Mrs. S. was taken with dysentery this morning, which readily yielded to morph: sulph., ⅛ grain and bismuth subnit., grains v every hour until relieved, which was the case after taking three doses.

Nov. 20. Mrs. S. has had no further trouble with dysentery. Continued the digitalis mixture and iron under which she is steadily improving. Urine normal.

Nov. 27. Patient sitting up and directing her household affairs. No trace of any anasarca or albuminuria. Appetite splendid and strength being gradually restored. Discharged.

Case 2. S. C., ten months old. Diarrhea. Discharges copious, yellow and watery, mixed with undigested food.

℞ Copper arsenite, 1-1000 gr.....12 granules
Hyosciamine, 1-250 gr.....12 granules
Sig.—Take one granule of each together every hour until all are taken. Give only breast milk in the way of food.

Nov. 20th, the day after seeing this little patient first, found her so much improved that further treatment was deemed unnecessary.

Case 3. Called to see Mrs. F., Nov. 29th, twenty years old, who expects to be confined about the first of January, 1893. Threatened with premature labor. Prescribed antikamnia, ten grains every thirty minutes. After taking two doses the pains ceased and I left the patient perfectly quiet. Directed her to keep the horizontal posture and perfect quietude. To be seen again in the morning.

Nov. 30. No recurrence of pain and hence no treatment required during my absence.

Learned that Mrs. F. had been having fever every afternoon and that her husband had been administering occasional doses of quinine, ten to fifteen grains a day which failed to break them up only for a day or two at a time. Ordered quinine discontinued and put her on quinine arseniate, 1-67 gr. two granules every four hours until fever was overcome; then two granules three times a day until directed to discontinue.

Saw this patient this morning, Dec. 16th, and found everything going on well. Quinine arsen. discontinued, as there has been no fever since the second day after commencing it two weeks ago.

Case 4. Called to see a child fourteen months old, Dec. 3rd. Nov. 29th its father gave it five

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grains of calomel for sick stomach, which operated next morning and the child seemed to be better, but was taken again this morning with same symptoms when I was called, Found him with slight fever, temperature 100° copious and fetid discharges from the bowels but not very frequent—from four to five in twenty-four hours—and considerable nausea and vomiting. Directed that no food but breast milk be given him, and that only every three hours. Prescribed copper arsenite 1-1000 grain, and codeine, 1-67 grain, one granule of each together every hour until twelve granules are taken and report at my office this afternoon.

Afternoon.—Mr. S. reported his child much improved; no nausea, vomiting or fecal discharges. Ordered granules discontinued and the patient reported well Dec 5th.

In reporting the above cases, I do not claim anything original and nothing new to those physicians who have been accustomed to practicing the Dosimetric method of Dr. Burggraeve, but only to illustrate the position taken at the beginning of this article. Your readers must decide for themselves whether results obtained were *post hoc* or *propter hoc*. As for myself, I cannot believe but that the *marked and rapid improvement* in these cases was the result of treatment. Case 1 presented very grave symptoms and under the usual galenic treatment would have been, to say the least, very chronic. But comment is unnecessary; the treatment and the results are before your readers. I trust that these cases may furnish some inducement to my confreres, who still hesitate to employ them in their practice, believing that a daily use of them will give them that confidence in them which will continue to grow as their familiarity with them becomes greater.

South Mills, N. C. JOHN H. POOL, M.D.

Atonic Menorrhagia—Dosimetric Treatment.

Editor MEDICAL WORLD:—About four years ago my attention was first called to the dosimetric method of medication. It, at the very first, struck me as valuable, more particularly in the use of such drugs as strychnine, morphine, etc., but now I find scarcely a case arising that cannot be better treated with the granules than in any other way. For instance, as a tonic, iron phosphate, strychnine hypophosphite and digitalin, three or four granules of each before meals, in place of the bitter, teaspoonful dose of the old elixir; and the small pleasant aconitine granule, two or three every two or three hours as against the old pungent drops in the glass; in fact, everything is now so presentable to the sick that we do not see the look of disgust as often as formerly, and we find that in look and taste we can compete favorably in the treatment of children with our persistent and amiable Homeopathic friends, at the same time doing honest work and getting positive results.

I will give in detail a case I call to mind. On July 4th, 1892, Mrs. S. presented herself for advice and treatment. She had been treated for three or four years by our best physicians of both schools and was really a deplorable sight. A tall brunette, aged forty, mother of one son twenty years old, but had had several miscarriages since, was very weak, scarcely able to walk, menstruation very profuse, three weeks at a time, using, as she told me, as high as twenty-eight or thirty napkins a day for that length of time, being abed always till menstruation ceased, when she would gain a little strength and sit up and sometimes go around a little. It was in this interim that I saw her. My first idea was "surely I will find a polypus here," and I proposed an examination. She said that the exertion of riding had started her flow again and proposed that I call next day. I did so, but could find no polypus. Still, as introducing the speculum had again started the flow, the examination was not quite satisfactory; so I proposed to come again in three or four days. Meanwhile I wrote to my friend, Dr. Abbott, of Chicago, regarding the case. He said it was a case of profuse menstruation, that there might be a polypus, but really doubted its existence, and he prescribed ergotin ½ gr. three granules every three hours till flow ceased, then three or four times daily, together with the vascular tonics, strychnine hypophosphite gr. 1-134, iron phosphate gr. ½ and digitalin gr. 1-67, three of each kind before meals, this to be continued till well. The result was perfect; there was no polypus and never had been, as demonstrated when I next examined her. As she lived at a distance, I gave her five hundred each of the granules mentioned, with the directions to write to me for more, but to my surprise I heard nothing. After three months I saw her sister who told me that Mrs. S. was well and quite strong, and dressmaking the first in three years; and as she said, "to think that she had not tasted her medicine once when for four years she had swallowed all the vile compounds to be thought of."

The above is one of the many pleasing illustrations of the efficacy of this method (where therapeutic certainty supplants uncertainty) that have come to me in my experience during the past four years.

Glasgow, Iowa. H. E. CLEMENT, M.D.

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A Few Remarks on Dosimetry.

Editor MEDICAL WORLD:—In the dosimetric treatment of disease we have a method that is safe, prompt and reliable—a method that should commend itself to all progressive physicians.

I have been using the alkaloidal granules for three years, and my results have been very satisfactory; so much so that I now employ them almost exclusively to the old style of treatment; to the exclusion of large infusions, bitter tonics and large pill masses.

The granules are easily administered, and are readily taken by children. It is with children that I have the best success with the dosimetric method. They take the granules willingly, when they refuse to take a liquid. When they cannot swallow the granules they are easily dissolved in water, so that a teaspoonful will represent one granule. When it is desired to give three or more granules, at the same time, as for instance the defervescing granules—digitaline, aconitine and veratrine—it is very convenient to give them in a small gelatine capsule.

These three alkaloids are now happily combined in one granule, called the Trinity Granule, originated by the Phila. Dosimetric Company. The clinical thermometer should invariably be employed when the granules are administered. The temperature should be taken every hour, and a trinity granule, or the three alkaloids separately, given every half hour until a reduction in temperature takes place. They should then be continued less frequently until the normal is reached.

I will give notes of two cases treated entirely with the dosimetric granules.

Case 1. Young girl, age 18 years. Diphtheria. When first seen, temperature 103°. Diphtheritic deposits well marked.

Treatment first day: one granule each digitalin, veratrine and aconitine, in capsule, every half hour for several doses, then every hour, and finally every two hours. Granule calcium sulphide every hour. Two granules arseniate of iron every two hours. Application of lemon juice to the throat every two hours.

Second day. Diphtheritic deposits somewhat increased; other symptoms unchanged. Temperature 102°. Gave the defervescing granules every two hours in capsule with two granules hydroferrocyanite of quinine. One granule calcium sulphide and two granule arseniate of iron every two hours; application of lemon juice every two hours.

Third day. Temperature 100°. Throat somewhat better. One granule of digitalin, one of strychnine arseniate and two of hydroferrocyanite of quinine every three hours; calcium sulphide and arseniate of iron every three hours; application of lemon juice every three or four hours.

Fourth day. Still improving. Same treatment continued.

Fifth day. Deposits begin to loosen and large patches are exudated. Apply lemon juice less frequently. Continue granules the same.

Sixth day. Temperature normal. Stopped the digitalin and calcium sulphide and continued with the other granules.

Patient was able to leave her bed-room at the expiration of two weeks. No complications. Continued the arseniate of iron and strychnine until complete recovery. During her sickness the bowels were kept regular by giving several doses granular effervescent seidlitz salt.

Case 2. Boy, age 9 years. Saw him on the second day of his illness and he apparently had all the symptoms of typhoid fever. Temperature 104°; tongue very dry; bowels loose; severe headache and abdominal pains.

Treatment first day: two grains of antipyrine every hour for three doses, then two grains every two hours. One grain of quinine every two hours. Ice bag to head.

Second day. No reduction in temperature. Symptoms about the same. I told the parents that he was probably good for several weeks' sickness. Stopped the medicine of yesterday and commenced the dosimetric treatment. Ordered one granule each of aconitine, digitalin and veratrine every half hour for three doses, then every hour for six doses more; then frequently as temperature was reduced. Left thermometer with instructions to take temperature every one or two hours and to give the granules every half hour if temperature remained over 103°. Also ordered one granule sulpho-carbolate of zinc every two hours. Evening temperature 102°. Continue granules every two hours while awake. Ice bag to head all day.

Third day. Temperature 99°. Passed a quiet night; feels much better; pains all gone; bowels in good condition. One granule of digitalin with one of arseniate of strychnine and two of hydroferrocyanite of quinine every three hours. Sulpho-carbolate of zinc every two hours.

Fourth day. Temperature normal. Appears to be well. Continue granules.

Fifth day. Sitting up. Two granules each of hydroferrocyanite of quinine and arseniate of iron every three hours.

Seventh day. Patient down stairs, as well as ever.

WM. B. SCULL, M.D.
3024 Richmond St., Philadelphia.

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Intermarriage of Relatives—Bernhardt's Balm.

Editor MEDICAL WORLD:—On page 454 in the MEDICAL WORLD is a certain anonymous writer that tries to make a joke of Dr. Waugh's article on intermarriage. I will advise him to study a little phrenology, and look up the facts on the subject. I know of two counties in my native country the natives of which for generations have practiced intermarriage; the final result is that more than one-half are idiots in those counties.

The formula for Bernhardt's Balm, given by by Dr. P. Rogay, on page 413 is incorrect; it should be:

R. Spt. ammonia (22° B)..... oz. iv.
Spt. camphor ..... dr. iv.
Chloride of sodium ..... oz. i.,dr. iv.
Water..... qt. 1½.

I have used it for nineteen years and find it to be an excellent sedative.

Marell, Wis. F. J. JOHNSON, M.D.

Editor MEDICAL WORLD:—As has already been acknowledged, Dr. Waugh is entitled to thanks for his able discussion,in October WORLD, of the subject relating to "intermarriage of relatives." I have a case in mind, the brief outlines of which I will, if the Editor will bear with me, lay before the readers of THE WORLD. If I am not mistaken, circumstances in this case confirm ideas advanced by Prof. W., and run somewhat coincident with that of "Mad Paul," although no royal blood has been tainted thereby. I refer to the history of a family the first neurotic character in which, that has come to my knowledge, was a woman, many of whose progenitors, down to the third generation, have proved themselves tainted with the same unhealthy mental and moral qualities, and in some of them these qualities have been intensified. The fourth generation, counting this woman the first, are nearly all too young in years to be able to determine at the present time how extensively they have been affected by such entailment.

This neurotic transmission has been marked and unmistakable down to the border of the fourth generation; "In spite" as Dr. Waugh has it, "of healthy blood coming in from outside." Now the question is, would Prof. Waugh or others who feel disposed to reply,advise marriage of relatives coming, on the side of one of the parents of each of them, from this neurotic stock, neither of such young people having, as yet, shown positive indications of having themselves been polluted by this unhealthy blood? To put the question more plainly, are probabilities in favor of the mental and moral health of offspring resulting from such unions, or, on the other hand, in justice to posterity and communities yet to form out of unborn generations, ought we to discourage such union? Is it wise to disapprove such unions as a "means to an end," viz., the nonperpetuation of vice and crime in the world?

I believe with Prof. W. that we should be benefactors to the race, in something more than the sense of administering simply to present physical needs. W. C. DERBY, M.D.

White Cloud, Mich.

An Enema of Hot Flax Seed Decoction for Intestinal Colic.

Editor MEDICAL WORLD:—If Dr. Geo. F. Hunter, page 423, will boil for a few minutes one pint of flax seed in one quart of water, strain and give enemas of the decoction, he will relieve his cases, which are often caused by the ingestion of the larva of the common house fly.

If the doctor knows no cause in the alimentation, let him observe whether the colic is not the result of cold, either by pushing off the covering in the night, light clothing in the day, or sudden draft on the outside surface of the abdomen. Cold, by paralysing the special action of the colon, causes the formation of sulphuretted hydrogen; this gas inflames and distends the mucous membrane on which it acts as a poison. The patient feels an internal bearing, the bowels seems to twist themselves around a pivot, which pinches them, etc. In such a case I would advise a hot poultice, an enema as above to clean the colon, and, if the patient is worried by a few following spasms, an enema of one ounce and a half of the same decoction with eight drops of laudanum, to be retained, or replace the poultice by a compress of a saturated tincture of camphor with alcohol, eighty per cent. This will not lock the bowels.

Bell's, Texas. P. ROGAY, M.D.

Treatment for Gonorrhea and Diphtheria.

Editor MEDICAL WORLD:—I send two specifics for gonorrhea and diphtheria.

Gonorrhea:

R. Quinii. sulph.....gr. xx
Aqua.....oz. viii
M. Inject three times per day.

Diphtheria:

R. Iodine risub .....gr. 20
Iodide potash.....gr. 40
Water.....oz. vi
M. S.—Five to fifteen drops three times per day in half glass of water.

Winchester, Miss. S. M. SMITH, M.D.

Editor MEDICAL WORLD:—I could hardly get on without the MEDICAL WORLD. It contains more news of interest to the Southern practitioner than any other Nothern or Eastern journal I ever read.

Richland Springs, Texas. S. W. RIMMER, M.D.

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Labial Hydrocele or Dropsy Terminating in a Tumor.

Editor MEDICAL WORLD:—Mrs. B., age 20, delicate, good family history, been married about twelve months, no inherent diathesis, came to this city last spring with her husband, who engaged in business. She had at an earlier day and before marriage been dropsical and had been treated by a St. Louis specialist, so she said, and was cured, but at this attack however, she said she had a similar swelling. She was now five months gone in pregnancy which required a little more prudence and discrimination.

Late in August, she called me in one day, and told me she would like me to fix her up some medicine for the dropsy, for she said she had dropsy once, and it was coming back. I went to my office and put up a diuretic and a tonic for her, and heard no more of the case till about September 10th, when her husband came to my office and said his wife was not able to get up that morning, and for me to call. I did so as soon as I could, and found her in bed, but apparently easy. She told me that one of her privates was swollen so she could not get about. I put my hand under the cover, and found an enlargement that was equally as large as a man's scrotum. The enlargement seemed to be soft and yielding, and caused her very little or no pain to press on it. I suspected a hernia, and told her I thought that was her trouble, and her obstinate constipation and bloody feces bore me out, I thought, in my diagnosis. I did not attempt taxis at the time, for I was in a hurry, and made her a "T" bandage, and told her how to put it on, to act as a support and compress; gave her a saline and told her to come to my office the next day. She did not come, but her husband did, and reported that his wife was so much better, and the swelling had almost disappeared.

In about a week, she was brought to my office in a carriage (for she could scarcely walk, and when she did, she went on the wide track), and said the swelling was as large as at first. I put her on the chair and examined her again, and I soon decided it was no hernia. The right labium majorum only seemed to be involved, and it hung down equal in size to the scrotum in the male.

I decided that the enlargement was a dropsical accumulation and decided to use an aspirating needle and test it; I found that the sack contained a fluid. I then withdrew that needle and used a larger one. After introducing the larger one the fluid ran out without any suction and I drew off about two and one-half ounces of clear limpid fluid. The enlargement was now greatly reduced and there seemed to be a surplus of skin from which the fluid was drawn. She now got off of the chair and seemed to be wonderfully relieved and could walk all right. I thought this might be all there was to it. I put her on diuretics and tonic treatment. This was September 16th. She came back to have the water drawn off again the 30th, and October 3d, 7th and 24th, each time drawing off about the same amount, possibly not quite so much. They sold out their business and left town a few days after I drew it the last time (24th). The last time the remaining enlargment seemed to have a "doughy" feeling. I have just heard that the doctors where they went removed a labial tumor from Mrs. B. and she was doing nicely. I did not learn the nature or the consistency of the growth.

Now I am a double graduate and was always attentive at gynecological clinics, but I never saw nor heard a lecture on an enlargement whether dropsical tumor or what not, of this kind, and would like to hear from some of the veteran gynecological surgeons of the WORLD as to the frequency of such growths and enlargements.

Havana, Ill. C. C. COOPER, M D.

A Case of Primary Syphilis Unintentionally Cured.

Editor MEDICAL WORLD:—As a necessary prelude to the little story I am about to relate, it is well to say that the treatment of a case of uncomplicated yellow fever is almost too simple to mention. The first thing to be done is to give the patient a hot mustard bath, all over, if possible, or at least a foot bath, put him to bed, ice bags around about the neck and head, allowing him to drink freely of warm green orange leaf tea for twenty-four or forty-eight hours till the fever subsides, then keep the patient perfectly quiet in bed, not permitting the least exertion upon his part, and unless for some special symptom, allow nothing to go into the stomach excepting little pieces of ice dropped or placed into the mouth by the nurse—no champagne, wine or other fancy treatment. Keep the temperature of the room at as near a uniformity as possible, a moderate amount of blankets well tucked around his person—just sufficient to keep up a gentle perspiration—(not sweating). This line of treatment is kept up for from sixteen to twenty days, by which time (ordinarily) the yellow, poisonous matters of the system have passed out of the body, leaving the skin cleared up. Then give him a light sponge bath in bed and the smallest quantity possible of the very lightest food; a little more the next day, and so on during the five or six days of convalescence. Mark you, I have spoken of a case of *simple uncomplicated* yellow fever.

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During the year 1867, whilst I was in the Quarantine Service, at the port of Galveston, Texas, I one day placed in Quarantine a 95-ton schooner, on account of yellow fever in the person of a young Irish sailor. On stripping him to give him his bath, preparatory to putting him to bed, I noticed, and made special examination of, seven genuine indurated syphilitic chancres on the glans penis and prepuce, with two large syphilitic buboes, one in each groin, both ready for the knife. But nothing was done. He was simply put to bed in the hole of the little schooner, and kept under the above-mentioned treatment for sixteen days, at which time he was not only well of yellow fever, but clear of every vestige of syphilis, not even a scar. Two years afterwards, I stripped him and made a thorough examination of his person, from stem to stern—as well as on the starboard side and on the larboard side—finding him clean and as clear of any syphilitic appearances as it is possible for anyone to be, in this latter part of the nineteenth century. S. M. HASLEA, M.D.

Albuquerque, New Mexico.

[A syphilographer of the modern school would claim that the strongest point in the differential diagnosis between true chancre and chancroids is the *single* lesion in syphilitic chancre and the multiple ulcers in chancroids. We do not wish to question the accuracy of Dr. Haslea's diagnosis further than to call his attention to this point and ask him to review the case in his mind again and see if other points do not support the suggestion. The treatment was very beneficial indeed.—ED.]

Editor MEDICAL WORLD:—For "Deltoid's" case of impotency, page 423 of November WORLD, if he will give either of the following prescriptions, I am satisfied he will get quite marked benefit therefrom, but I believe the one which I shall give first to be the one of greatest efficacy.

R. Fld ext. damiana
Tr. cantharl.
Tr. zingiberis. aa.....oz. i.
Tr. ignatiæ .....dr. vi
Tr. nuxvom.....dr. ij
M. Sig.—Dram ss. in warm water t i d. after meals.

R. Phosphorus.....gr. j
Pulv. sanguinaria
Ext. nux vom.....aa gr. v
Pulv. Cantharis.....gr. x
Ext. Damiana.....gr. xl
M. Et. div. in pil. no. xx
Sig.—One pill. night and morning.

The last is the most pleasant to take, but I am partial to the first; suffice to say that either will in many cases restore the function.

I wish the good old WORLD as well as its many readers a prosperous new year.

Garner, Ky. R. A. PRICHARD, M.D.

[Our observation is that strong aphrodisiacs are productive of only tempoary benefit, after which the patient relapses into a more hopeless state than before. What is Dr. Prichard's experience with the treatment he has here recommended?—ED.]

For Constipation.

Editor MEDICAL WORLD:—

R. Tr. belladonnæ
Tr. nucis vomicæ.....aa dr. vss
Tr. physostigmatis.....dr. iv
Ex. cascara sag. fl. (P. D. & Co's).....oz. i
Glycerini.....oz. iss
Elix. arom. q. s. *ad*.....oz. vj
M: Sig.—Teaspoonful three times a day.

W. H. H. SMITH, M.D.

Shambaugh, Iowa.

Rings Constricting the Penis.

Editor MEDICAL WORLD:—It may not be very instructive reading, but owing to the novelty of the case and the request of Dr. J. F. Pickerel, page 447, MEDICAL WORLD, I give my experience with rings constricting the penis.

About eighteen months ago, while practicing in Illinois, I was called up at 10 P. M. by a German, aged sixty, married, who requested me to give him relief or kill him, and in reply as to cause of trouble exhibited a penis which, in size and color, resembled that of a stallion. The abdomen also was black for six inches around the penis. Upon examination I found buried in the swollen penis close to the body three circles of a broken coiled spring, taken from the twine binder of a harvesting machine.

Like Dr. P., I procured a pair of large cutting nippers from a hardware store, and with the aid of an assistant, we succeeded in half an hour in cutting this spring into sections, and relieving the constriction.

It was a difficult task, for the spring was as hard as the nippers, and it required our combined strength to make the slightest mark upon the steel wire.

As the man would answer no questions, I have always wondered why he applied these rings. W. W. ADAMS, M.D.

Los Angeles, Cal.

ALLOW me to say I consider the MEDICAL WORLD the most practical journal published, for the busy practitioner.

Hightstown, N. J. WM. L. WILBUR, A.M., M.D.

Editor MEDICAL WORLD:—I have used your Visiting List and Ledger the last two years, and could not well get along without it. This and "The Physician as a Business Man" have paid for themselves many times in collecting money. DR. PETER L. SWANK.

Davidsville, Somerset Co., Pa.

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Clams and Mussells.—Remedies Administered by Smoking.

Editor MEDICAL WORLD:—I am greatly interested in what you said last month about clams and clam juice as a flesh and strength restorer when eaten by invalids.

Wonder if our mussels or fresh water clams in the Neosho river and in our inland fresh water streams will build up the weak as much as the the marine forms.

If so we have a supply of these lamellibranks almost anywhere at our doors in abundance. At prehistoric village and town sites hereabouts there are shell beds reaching into the ground from three to five feet where the ancient people ate the unios and left the shell to tell of their feasts, and that they cared more for those animals for food than we do now.

There are in the Neosho river perhaps forty kinds of unios and other mussels. The *unio purpuratus, U. ventriculosus and margaritana complanata* are large enough to yield a hearty meal to the half dozen.

In the shell beds or kitchen middens I could only find the *unio undulatus* and perhaps *U. solidus*, showing that the mussels in the river were not all edible, or at least not relished alike by the prehistoric people of our country.

I never found snail shells in these beds—they are in places abundant enough now for food, and no doubt are very nourishing, but the ancient people did not eat gasteropodous mollusks like they did lamellibranks—fresh water clams. If snails and unios are valuable to restore weak people, they may no doubt be propagated and raised.

In your last, a gentleman claims that tobacco smoking cures consumption. Is not the creosote in the smoke where the therapeutical benefits come from? I find that with myself smoking senna, rhubarb and aloes, produces cathartic effects. That doctors do not use smoke enough in lung complaints is perhaps true—smoking for asthma is an old popular remedy among the people, and a benefit. Medicine in many cases may be given the sick to advantage by "smoking it."

We are to avoid begetting the tobacco or opium habit in sickness when we prescribe them by smoking the same as in giving them or liquors any other way.

Oswego, Kan. W. E. NEWLON.

Dr. Field's Case of Synovitis.—Treatment for Eczema of the Anus.

Editor MEDICAL WORLD:—In regard to my case of synovitis, published in the December WORLD, I want to thank you, Mr. Editor, and the many good brother M.D.'s who answered my request by letter. The many kind letters, full of sympathy and kindly suggestions which I received, were duly appreciated, I assure you, and I can do no better than to thank you all through the medium of THE WORLD, as it would be an all-winter's job to answer each one by letter. I have not fully recovered the use of my limb, but it is getting better as the days and weeks pass by. I was insured in the "American Masonic Accident Association," of Minneapolis, Minn., and they paid the claim in full without any objections—fourteen week's total disability.

If M.D., in the January WORLD, page 21, will try the following for his case of eczema of the anus, I think he will be pretty apt to cure it:

R. Resorcine.....dr. ½
Bay rum.....dr. ½
Glycerine.....oz. ½
M. Sig.—Apply two or three times a day.

Elroy, Wis. F. T. FIELD, M.D.

Electricity for Functional Impotence.

Editor MEDICAL WORLD:—I notice in THE WORLD for January that "Medicus" wants help.

I think by his description of his case that it is a chronic inflammation of the prostatic urethra.

I have cured cases similar to the one he describes with electricity. Apply the negative to the part diseased by means of an insulated sound with metal point. I used Kidder urethral electrode. Apply the positive to any part or let the patient hold it in his hand. Repeat every day, fifteen minutes each time, until cured.

L. S. TYLER, M.D.

Linesville, Crawford Co., Pa.

For Anal Eczema.

Editor MEDICAL WORLD:—If "M.D." who has a case of eczema of the anus, will use the following prescription and directions, he will cure his patient:

R. Vaseline.....dr. ii
Salicylic acid.....grs xx
Sulphur.....grs xxx
Mix into ointment and use, twice per day, a small lump the size of a hazel nut, and use warm water after each motion of the bowels.

I have myself been a constant sufferer from this trouble, until the last few months, when, happily, I hit on the above treatment, and now I am entirely free from it. I had consulted several eminent M.D.'s on the subject, but to no benefit, until last October. I saw Dr. Brayton, of Indianapolis, in reference to a skin disease on my face, which I feared was malignant. He gave me the above prescription, which gave almost instant relief. I then thought it might help my pruritis ani, and tried it. I am

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now entirely free from the pruritis, and my face is much better, and, I believe, will get entirely well. P. MULLINIX.

Cloverdale, Ind.

Editor MEDICAL WORLD:—In reply to M. D. (January WORLD, p. 21), I would say that a similar trouble in a gentleman of my acquaintance, which was of long standing and very troublesome, was cured by abstaining from coffee as a beverage. The case has been on trial a year, and there has been no functional trouble with it.

I would have written directly to "M.D." if he had signed his name as he should have done.

The pneumonia number of the WORLD is worth the year's subscription price.

Suffolk, Va. D. S. ELLIS, M.D.

Editor MEDICAL WORLD:—I noticed in January number of the MEDICAL WORLD, an article from "M.D." asking a recipe for the cure of an obstinate case of eczema of the anus, or pruritis ani. I would suggest the following.

R. Vaseline ..... oz. i.
Acidi chrysophanic..... grs. xv.
Acidi hydrocyanic dil. ..... gtts. xl.

Mix thoroughly and apply to the affected parts three to four times daily.

I have used this prescription for eight years and have not known a complete failure. I think if "M.D." will give the above a fair trial, his patient's midnight hours will be changed into sweet dreams rather than "cussing the doctors, scratching, digging, etc."

Lamar, Ark. DR. BEN. CARTER HUFF.

Editor MEDICAL WORLD:—In the January number of your most excellent journal, "M.D." reports a case of inveterate eczema of anus, for which he calls loudly upon the profession for help. Having recently treated a similar case with most satisfactory results, I hasten to him in his troubles, hoping that the remedies may prove as efficacious in his hands as in mine. This treatment is very simple and of easy application, as follows:

Cleanse the parts affected thoroughly night and morning with cloth moistened with listerine, afterwards anoint with an ointment made of dr. j. of resorcin to oz. j. of glycerine.

Should "M.D." through this effect the cure of his patient, and thereby escape the dire punishment called down upon the heads of his predecessors, I shall be satisfied.

Hutchins, Tex. A. W. CARNES, M.D.

Editor MEDICAL WORLD:—With your permission I would like to say to brother M.D., page 21, January WORLD, that I have had a few cases similar to the one he mentions, and have never failed to give relief from an ointment of vaseline, carbolic acid, and oxide of zinc. Make the carbolic acid two drachms to the ounce of vaseline, in a case like the one mentioned.

Hemorrhoids.—To brother "Inquirer," on page 22, I would say that I have cured a number of cases during the past few years, and used simply carbolic acid and water, 1 to 5. Inject nearly half a drachm of the mixture into each pile, if large. I have met with no failures so far.

Dr. R. F. B., on page 21, asks "opinions," in his case of Miss B. He seems to think he has made a discovery, which he wishes to keep to himself. I would advise him to get it patented, and join the "noble" army of quacks.

And now, brethren of the WORLD, I want help in the following case: Miss B., aged twenty-three, blonde, neurotic, weight 110, height, five feet four inches; has suffered from gastralgia and dysmennorrhea for years; is bright and intelligent; complained of burning sensation after urinating. I tried several applications in vain, then, on making examination, I found a small vascular growth at opening of urethra. This I burned off with nitric acid, and now she is no better, and, in addition, complains of a burning feeling all over the vulva. The nymphæ and labiæ are red and inflamed looking. She cannot walk or sit with any comfort. Her stomach is troubling her again, and, at present, she passes very little urine (no albumen or sugar). Will go eighteen or twenty hours without micturating. A. D. NASMITH, M.D.

Staffa, Ont.

Editor MEDICAL WORLD:—If the M.D. who is having the eleventh lick at a case of eczema of the anus, will give the yellow oxide of mercury ointment, made according to the following formula, a faithful trial, he will be pleased at the result:

R. Hydrarg. ox. flav ..... dr. iss
Ol. lini ..... dr. iij
Lanoline.....
Vaseline..... aa oz. ss

Rub the oil and mercury well together in a mortar, then add the lanoline and vaseline, well warmed, but not melted. Mix thoroughly.

Sig.—Apply three times a day with friction of the fingers to a clean surface.

Greenboro, Del. G. F. JONES, M.D.

Editor MEDICAL WORLD:—Let M.D. use the bi-chloride of mercury for his case of eczema of the anus in this way:

Make a solution of the bichloride and add a few spoonfuls to a cup of hot water as hot as can be borne and let the woman bathe the parts with this with a soft sponge, after every action

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of the bowels and two or three times per day if need be; don't get it too strong at first.

GEORGE DAVENPORT, M.D.

East Randolph, Vt.

[As no strength of the mercury solution is indicated in Dr. Davenport's letter, the physician will have to use his own judgment according to his experience.—ED.]

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Editor MEDICAL WORLD:—Can you or any of your readers give R for dental anesthetic called "Otandunder." It is used for the painless extraction of teeth, and is used by being injected in the gum each side of the tooth, the gum turns white when the desired aensthesia is produced, when the tooth is extracted without pain in nearly every instance.

I will be pleased to hear of any reliable dental anesthetic.

Hurleyville, N. Y. W. H. DEKAY.

Editor MEDICAL WORLD:—I beg your opinion and advice upon what is really a very small matter, but nevertheless, more or less troublesome to the physician, as well as painful to the patient.

A lady, some 55 years old, who had raised a family of several children, has a urethral excrescence, evidently of a vascular nature protruding from the orifice of that organ. It is about the size of a small bean, or in that shape, and presents the appearance as if one-half of the tumor projected from the opening of the urethra. It is almost blood red, very irritable of late, especially at the time when the urine flows over it, and for a few minutes afterwards.

I had her apply a two per cent. solution of muriate of cocaine first, and then apply, on absorbent cotton, maintained in place by a "T" bandage, distilled hamamelis, the cotton to be wetted with the hamamelis three to four times a day—hoping to retard, or finally destroy the growth by astringents, and thus avoid the use of the knife.

Now will you please give me your advice in regard to the above, what you would advise as a local treatment.

Troy, Mo. J. A. WARD, M.D.

Editor MEDICAL WORLD:—Has there been any bad effects from the use of somnal as a hypnotic?

What hypnotics give the best results without producing any unpleasant after-effects?

What is a safe and effective treatment for obesity?

Give article on quick relief for all kinds of colic in adults.

Can you give the formula for Helmbold's Jelly of Glycerine? D. F. EASTON, M.D.

Princeton, N. J.

[For the treatment of colic, see the last few numbers of THE WORLD. We do not know the formula of Helmbold's preparation, but we doubt whether anything is superior to a mixture of equal parts of glycerine, lemon juice, and water, as a lotion to chapped hands, lips, and face.—ED.]

Editor MEDICAL WORLD:—I desire help, or rather information in treating a case of chronic otitis, or otorrhea, complicated with a polypus attached, probably, to the meatus auditorius externus. Excessive sensitiveness prevents me from making as thorough an examination as would be desirable. I have treated the purulent discharge with camphen, listerine, and a five hundredth solution of bichloride of mercury; also used astringent lotions. The mercury wash corrects the fetid discharge. But I am satisfied that there will be no cure until the polypus is removed. Now, I wish to know how to remove this. Is it a simple operation like twisting off a polypus from the nasal mucous membrane, or would the operation be attended with any dangerous consequences? Some of the readers of THE MEDICAL WORLD, who have experience in these cases, please give their *modus operandi*. The polypus protrudes externally, about the size of a plum, has a long neck or pedicle, and its attachment seems to be deep in the ear.

Tynes, Miss. H. L. TYNES, M.D.

Editor MEDICAL WORLD:—I desire the help of the fraternity in the treatment of a case of diabetes insipidus, or polyuria.

The patient is my little girl, age five years and nearly five months. It came on her about four or five weeks ago, or rather, my wife called my attention to it then; but I now think that it began some time before, but suddenly at that time got very much worse. Then she passed urine often, and much each time, of specific gravity about 1002, nearly neutral, very slightly acid. Under treatment she has been considerably better for about two weeks, but is not cured. Health not much impaired, yet. I know of no cause. She is of nervous temperament, fond of exercise, and had appeared to be perfectly healthy.

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She is of very fair complexion. I can see no evidence of lesion of any part of the nervous system, or of any organ; constipation persistent. In short, it seems to be a typical case of the disease above mentioned. I would feel very grateful for help.

I also desire information as to the best remedy or treatment for nocturnal incontinence of urine. Also, will enquire if there is any efficient antifat remedy or treatment.

Have any of the brethren ever used kerosene oil in cases of retention of urine? Several years ago I was called to relieve an old man, about seventy, after another physician had failed. I succeeded. Afterward I was called upon two or three times, at considerable intervals. Ordinarily he passed urine slowly, but after taking a cold or working too much, a stoppage would sometimes occur. Once, after having taken cold, and being threatened with retention, he took some kerosene oil, thinking it would be good for his throat, which was sore. The oil relieved or obviated the threatened retention. I knew him for two or three years after that, and he had no more retention. He took the oil regularly for some time, and told me thought he was cured of the enlargement of the prostate gland, if that was the cause of the retention, for he could pass his urine quite as freely, I think he claimed, as when a boy.

Decatur, Neb. M. J. KENYON M.D.

Amenorrhea.

Editor MEDICAL WORLD:—I desire to present the following case to the many readers of your valuable journal and ask their advice. My patient, of course a female, is twenty-six years of age, a perfect blonde, weighs 190 pounds, five feet seven inches high. She menstruated well until she reached the age of seventeen, when from some unknown cause, she ceased to menstruate. She is not sure that she contracted a "severe cold" then but remembers being very hoarse at that time.

Since then she has menstruated only occasionally, once or twice during the year, but there was no inconvenience at these times, and the "period" would pass off without trouble. Soon after the age of seventeen she commenced to gain in weight. During the period of her regular menstruation she weighed 120 pounds. Her people are all slender and there is no trace of any constitutional disease in the families.

Was married at the age of twenty but has never become pregnant. Once each month she feels very much like she is going to "come around," but in the course of a week all the attendant phenomena pass off without the desired effect.

I would like to know how much this excessive adipose tissue is responsible for her condition, if at all?

What is the prognosis regarding the restoration of menstruation, and the best mode of treatment?

I neglected to state that examination of the uterus gave negative results. My treatment consists in the administration of aloetics and chalybeats and manganese binoxides, the latter just before and during the expected period.

I would like to hear from some of my more experienced brothers by letter.

Robbins, Tenn. B. G. ALLEN, M.D.

[We leave this to our readers. We have seen the best results in such cases by the administration of the tincture of pulsatilla, one drop every hour, during the period when the congestive phenomena indicate that menstruation is about to be established.—ED.]

Dr. M. de Biesy asks the question, "Under what circumstances could a physician give a certificate that a woman was *not* pregnant at a certain date, a certificate that would be accepted as legal evidence in court?"

In the case which he details in his letter, of a married woman returning to her husband after five months absence and giving birth to a fully developed child, six and one-half months thereafter, it is our opinion that she was about two and a half months pregnant when she returned to him.

Editor MEDICAL WORLD:—Can some of the brother M.D.s give me a prescription for a bunion upon the great toe? It is a great source of trouble to me, so much so that at times I cannot wear my shoe or boot.

Wamba, Miss. J. H. CONNOR, M.D.

Correction.

Editor MEDICAL WORLD:—Should not the syr. squills compound in the prescription for rheumatic bronchitis by Dr. N. S. Davis, be ounces one and a half instead of one drachm and a half, as given in the January WORLD? I copied the prescription from a lecture delivered by Dr. Davis and printed in the *Journal* several years ago and have it now in my note book—"oz. iss."

Rolesville, N. C. L. B. YOUNG, M.D.

Jesse Snowden, M.D., of Strawtown, Ind., would like to call out the best and most successful method of treating chronic nasal catarrh.

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Dr. S. M. Smith, of Winchester, Miss., requests those who have had satisfactory experience to give a successful treatment for impotence.

Editor MEDICAL WORLD:—If any of your readers have been successful in the curing of the "tobacco habit," and, also, in the reducing of flesh of fat persons, I would be pleased to hear from them, giving method of treatment, remedies used, manner of using, etc.

S. J. SMITH, M.D.

Reed's Corners, N. Y.

Editor MEDICAL WORLD:—I wish to present a case in your valuable journal for diagnosis and treatment that has been an eye-sore to me, and would like the opinion of the brethren.

Mrs. M., aged forty-eight, healthy up to four years ago, was taken suddenly ill, with great depression and with violent pains in the region the heart; also complained of severe burning over the left pectoral region and along the whole extent of the spine. Menses at the beginning had stopped some time; bowels constipated; kidneys sluggish; urine turbid and scanty. She, at times, had what I would call convulsions when passing urine. Her tongue was furred, and there was slight enlargement of the liver; the spleen slightly enlarged and tender. She was, at times, bothered with stinging in the face, and, at times, on all parts of the body, the burning coming at intervals of four or five hours. There was, also, tenderness all along the dorsal region, mostly on the left side. She also complains of a sense of constriction on the left side, and says she cannot get a good breath. When she had been treated two years with quinine, bromides, etc., for the heart and burning by her family physician, she came to me.

On examination one year ago, I could not find any organic heart trouble. I found the heart weak and, at times, almost imperceptible; then, at times, it would become violent. She could not sleep without some anodyne at any time. She had had no pain in the pelvic region, anymore than the trouble with the bladder. I made an examination per vagina, and found the uterus retroverted, with great hypertrophy, and filled with thick, purulent material, with decided offensiveness. I at once gave her local treatment to the uterus of iodine, carbolic acid, and glycerine. I made the applications twice a week, and she began at once to improve. Her heart symptoms abated, and the bladder trouble subsided, and in ten days she could sleep without any medicine. Her appetite improved, and, in a short time, she was able to be about the house. I corrected the retroversion with a pessary.

She is able to go most any where but still complains of the one sore spot at the edge of the left scapula, and the compression of chest on that side; also, at times, plurodynia on left side. I have used blisters with but little success, also electricity, both Faradism and Galvanism. Also given her all the nerve tonics I can think of, and yet at times it comes on. I am of the opinion that the trouble is wholly in the spinal nerves, but would be pleased to hear the opinion of some of the brethren on the case.

Will state that I took her to Kansas City and consulted Dr. Todd, of that place, and he advised me to continue my former treatment. I will say that she had taken fourteen ounces of quinine before I saw her, and has taken but little since I saw her. I was of the opinion at the start that the whole trouble was reflex and I found it so in part, as she has had no return of heart or bladder troubles.

Harris, Mo. J. B. ROBINSON, M.D.

Editor MEDICAL WORLD:—Would you kindly suggest a treatment for an obstinate case of hystero-epilepsy? I have had the case on the bromide treatment with comp. syr. hypophos. and arsenous acid, which has modified the attack in a great measure, but does not cure the case. Also I have had her upon various antispasmodics, canabis indica, belladonna, etc. The ovaries are both very tender and sore. Spasms are most likely to occur at the menstruating period. Menstruation irregular. Examination reveals some cervical inflammation. This case is of some two or three years duration. I hope you will give me as early reply as possible.

Ringoes, N. J. P. C. YOUNG, M.D.

[We have had best results in such cases, in general, from the administration of the valerianates of iron, quinine and zinc, one grain each, in pill, thrice daily. The tender ovaries and menstrual pain will probably be relieved by the administration of pulsatilla.—ED.]

How Can the Weight be Reduced?

Editor MEDICAL WORLD:—Dr. William F. Waugh, page 442, December WORLD, says for "Deltoid's" case (page 423, to reduce his weight about twenty-five pounds and cure the indigestion. Will Dr. Waugh please tell me through THE MEDICAL WORLD how to reduce the patient's weight and keep at work? Can any of the readers of the WORLD tell how those trainers for prize fighters reduce their weight so many pounds

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in a few weeks and feed them to keep up their strength.

I want all the information I can get on impotency, from any and all who have had practical experience. DELTOID.

[We commend the following intelligent question to our gynecological friends.]

Editor MEDICAL WORLD:—It would be of great service to me and doubtless to all of your many subscribers, if those who have had experience would kindly answer the following questions:—In a former number it is stated "That he *best* treatment for endometritis, leucorrhea etc., is to take a curved vulcanite tube, (a little larger than a No. 12 catheter), with piston, draw about two inches of the tube full of benzoic acid from a bottle, and inject into the uterus every three or four days."

My questions are as follows:—

1st. How much benzoic acid, by weight, would be a safe dose to inject into the uterus?

2nd. Is the vulcanite tube mentioned the best instrument? If so, where could they be obtained?

3rd. Would it not do as well to incorporate the acid in ol. theobroma, making a "uterine pencil," and introduce it?

4th. Is there any danger in using the benzoic acid as mentioned?

5th. Could you mention any "uterine pencils," or other medication that would be a good treatment for endometritis, areolar hyperplasia, with obstinate, cervical leucorrhea, a viscid clear discharge from cervix being difficult to remove, and does not yield to the application of nitrate of silver or Battey's sol of iodine, etc.?

BENZOIC.

Editor MEDICAL WORLD:—I will ask room in your valuable journal to report the following case:

J. N., age 23 years, has been declining in health for three years, supposed to be caused by masturbation, of which he acknowledges to being guilty. For the last two years he has had frequent nocturnal emissions. After this began he lost all energy, so that he preferred not to have any company; his friends could not get him to converse on any subject.

He gradually went down until about December, 1891, when he became helpless and speechless.

He had two physicians to treat him, but still he went down until about June last, when it was thought by the doctors that he must soon die. So they gave up the case, and the family sat over him expecting him to die at any time, but he clung with such tenacity to life that I was sent for about six weeks ago. I found him as helpless as a dead man, not being able to move a muscle of his body, except to open his mouth, and could not speak, but seemed to understand my questions and would answer by the motion of his lips. He was still having nocturnal emissions regularly, from one to two each night.

I put him on nitro-glycerine, strychnine, nitro-mur. acid and some mild diuretics; also electricity. He has made great improvement, so much that he is now able to use his arms and handle his body very well. He can sit up on a chair and talk in a whisper but can not talk aloud nor stand on his feet.

He seems to be doing well enough, except in the use of his legs and voice.

The emissions are nearly stopped. Will some of the WORLD readers give me some pointers on this case?

Oxford, Ark. J. L. SMITH, M.D.

Editor MEDICAL WORLD:—I have been reading your book, "The Physician as a Business Man" and have to say, of all books, it is the book for the physician. Its rules and suggestions are the very thing to make the physician a business man in the proper sense of the term. I wish every physician had one in his library and would be governed by its advice, for then the profession would be millions better off than it is to-day. We must adopt the rules in the book if we should expect to receive the proper benefit for our labors. G. W. AUSBROOK, M.D.

Dongola, Ill.

Lactic Acid for Diarrhea.—Tasteless Castor Oil.—Aborting Gonorrhea.

A useful antiseptic "lemonade" for the chronic diarrhea of adults is made with lactic acid one part, simple syrup twenty parts, and distilled water eighty parts. Of this beverage a half tumblerful is taken between meals.

A good method of taking castor oil is to pour into a wine-glass a little cognac brandy, with which the inside of the glass is also rinsed. The oil is then poured upon the liquor, the mouth rinsed with another teaspoonful of brandy, and the dose taken. The disagreeable taste of the oil will scarcely be noticed.

Dr. Jonathan Hutchinson's routine abortive treatment of gonorrhea consists of three elements, viz: First, an injection of chloride of zinc, two grains to the ounce, three or four times a day; second, ten to twenty minims of oil of sandalwood in capsule, taken three times a day; third, to be taken at bedtime, three drams of epsom salts and a half dram of bromide of potassium.—*Denver Medical Times.*

KEEP your journals in a MEDICAL WORLD Binder. It makes a permanent book of it. Price only 35 cents, or three for $1. See order blank, page 72.

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Kocher's Method for the Radical Cure of Hernia.

In 1886 Kocher reported out of 42 operations for hernia, 83.4 per cent. of permanent cures, and 16.6 per cent. of relapses. From that time until 1891 he operated on 119 hernias; 81 were operated upon after the same method, and observed for a longer time; 7 relapses occurred. The causes of these failures are different. For some patients the presence of multiple ruptures indicated a special treatment. For 89 per cent. of all cases the patients left the bed after seven and a half days. Of 94 cases suppuration occurred eight times, and in five of them, where profound suppuration was observed, recession followed. After the operation no truss was applied. One patient died fifteen days after from embolus of the lung.

Kocher concludes from these observations that the operation is not dangerous at all, and that this method radically cures the patient in one or two weeks, without the necessity of wearing a truss afterwards.

The operation was performed according to the following principles:

1. Perfect asepsis.

2. Exact isolation of the hernial sac, and especially of its neck, from the surrounding and covering fasciæ. This is positively necessary to make practicable the

3. Very high ligation of the neck and its removal, so that the peritoneum can retire.

4. As to the suture of the hernial orifice, Kocher avoided splitting the inguinal canal (Bassini). He only pushed back the spermatic cord and put the sutures (exclusively silk) entirely through the internal oblique and transverse muscles with their fascias, through the separated fibers of the external oblique abdominal muscle and Poupart's ligament. The last suture is always raised to put the following one in place.

For crural hernias also the hernial sac is exactly isolated and ligated high up; Cooper's ligament is drawn closely towards Poupart's ligament by several sutures.

In spite of these good results Kocher has devised and successfully tried another method, which consists in stitching the peritoneum at the inner orifice in a direction opposite to that of the inguinal canal and fixing it exactly and permanently.

The description above is supplemented by four sketches representing the different stages of the operation.

After having isolated the hernial sac according to the general rules, the index finger of the left hand is introduced into the inguinal canal. At the external side of the inner orifice of the inguinal canal, a small hole in the aponeurosis of the oblique abdominal muscle is cut. A forceps is introduced through the hole and follows closely the retiring finger. With the forceps the lower end of the hernial sac is caught, and the sac drawn through the inguinal canal. By energetically turning the sac the peritoneum corresponding to the internal ring is stretched outward. The turned sac is laid along the exterior wall of the inguinal canal and fixed by five to seven sutures, containing altogether the fascia of the oblique abdominal muscle, the muscular fibers of the oblique transverse muscles, the hernial sac and Poupart's ligament. The uppermost suture is placed outside the entrance of the spermatic cord.

For crural hernias the totally isolated and turned hernial sac is drawn through a small hole cut above Poupart's ligament, and fixed by the sutures above described.

H. Haeberlin, M.D.,
Zurich, Switzerland, in *Indiana Med. Journal.*

A Plea for Public Health in Villages

When a fire breaks out in a village, every person considers it a duty to give a general alarm, and, especially, prompt notice of it to the fire departments, and all citizens coöperate for the speedy extinction of the fire. If this were not done, the property in the village would be quite generally endangered by the possible spread of the fire. Why is it that when a dangerous communicable disease breaks out—one which may spread and endanger quite generally the *lives* of persons in the village—there is, so frequently, no such general alarm and prompt notice to a well-organized department of the village government, and no general coöperation for the extinction of the disease? Is not a person's life of more concequence than his property? Is not the saving of the *lives* of their children of as much consequenec to the inhabitants of the village, as the saving of their *property*? If each person were forced to answer this question, relative to his own children, I believe that he would feel like a degraded, miserly wretch if he did not promptly sacrifice his property in defeuse of the life of his child. Yet, collectively, the citizens generally do *not* do for the protection of *life*, what they do for the protection of *property*—they do not maintain a well-organ, ized health department so generally as they do a well organized fire department. I believe it is because they do not so generally know that lives may be saved by well-organized health departments, or because they do not know the value of human life to the community.—H. B. Brake, M.D., in *Annals of Hygiene.*

Formulas Asked For.—Shallenberger's Ague Pills; Circassian Hair Restorer.

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Letters to a Young Physician.

MY DEAR DOCTOR:—The clipping you enclose I no return to you. "Wishing to devote my entire attention to a specialty in a larger city, I will sell my practice, which pays from $8,000 to $10,000 a year, to a thoroughly competent man for $5,000 cash." Now, this reads well, as you say. By paying five thousand dollars you can get at least eight in return; your first year's work netting you three thousand dollars; and after that you have from eight to ten thousand a year. I am glad to know, too, that the prospective Mrs. Doctor will have the five thousand to invest if you think best. But I do not think it best. If this doctor would sell you five thousand dollars' worth of real estate, or of horses, carriages, office, etc., and will throw in the "practice" or "good will," for the sake of making the cash sale, then the subject is open for discussion. But to pay that much for a good will is not wise. In fact, I, for myself, would not pay any man a single dollar for his "practice." There are offices, locations, outfits and such that it might be wise to pay a good price for, but not for a "good will" alone. Why, think of it, some awkward, poor young graduate might come and settle next door to you, and inside of a year take the best of this eight thousand dollar practice from you. It is one thing to purchase the good will of an $8,000 professional business from an old practitioner. But, my dear doctor, remember it will take at least an eight-thousand-dollar brain to hold it. If this man has the business he states he is a man of unusual professional attainments; has the confidence of the people, which comes only from long residence among them; and, also, has rare business ability. Even with the first and third, you cannot retain this purchased practice without the second. The doctor's introduction will amount to but little. The people will soon find you out and will place you just where you belong. Therefore, I say again, if you have five thousand dollars cash, or if your father has it for you, do not try to buy somebody's brains with it.

—*The National Review.*

Regimen in Bright's Disease.

A recent communication from Dujardin-Beaumetz to the French Academy of Medicine states that in chronic nephritis the quantity of albumin excreted is of secondary importance. In point of prognosis the permeability and power of elimination of the kidney are of chief moment, and upon these alone can prognosis and treatment be based. The first thing to be done is to facilitate the elimination of toxines, and to lessen their production as far as possible. Elimination is aided by diuretics, purgatives, and stimulation of the functions of the skin. Proper diet and intestinal antisepsis lessen the production of toxines. Benzoate of naphtol is the best intestinal antiseptic, and a vegetable diet is best suited to sufferers from chronic nephritis. Fish, shell-fish and fermented milk rapidly produce toxic ptomaines and for this reason are to be strictly avoided. In a general way, it may be said: that meat, especially game, and all kinds of preparations of pork, salaisons, fish, shell-fish and old cheese are injurious. To this list may be added alcohol, which irritates the kidneys and diminishes their power of elimination. Vegetable diet includes milk and its preparations, eggs, cereals, fresh vegetables, and fruit. In recent German discussions some exception has been taken to eggs, not on the ground this time that they increase albumin, but because they augment the amount of retained urea. The question is: Can uremia be prevented by abstinence from nitrogenous food? The answer is negative, in spite of the fact that non-nitrogenous diet is often advantageous in acute nephritis, though useless in chronic diseases of the kidneys. Dujardon-Beaumetz believes that this vegetable, or non-meat, diet will greatly prolong life, and that it should be earnestly recommended in all cases of Bright's disease.—*Medical Record.*

Hard to Collect Bills.

Did you ever hear this sentence before? "Hard to collect bills," is it? There is a scarcity of money, is there? Your patients tell you they would like to pay their bills, but cannot get hold of the money, do they? Let the *Review* acquaint you with a little item. We learn from a reliable source that a well-known mountebank sent to his distant home from this city over seventy-five thousand dollars in solid cash, for his last year's work among us, and his year was only about nine months long, too. How is that? Any wonder it is hard to collect bills?

And this money comes largely from a class of persons who can illy afford to part with it. But after it has been thus expended there is little left to pay the family doctor. "He can wait." It occurs to the *Review* that we have waited about long enough. Let us try again for a medical bill which will shut out all thieves and robbers, Let us take hold of this bill, and, with a strong pull, a long pull, and a pull altogether, see if we cannot pull it through Congress, then up the Avenue to the White House and out again to the statute books of the District.—*National Med. Review.*

PROF. WAUGH'S Outline of Treatment with Dosimetric Granules, price, 50 cents. See order blank, page 72.

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Formulas.

TYPHOID FEVER.—By Emil Bories, Dayton, Wash.

R. Eucalyptol, (Sander's).....dr. iij.
Muc. acaciæ.....oz. j.
Saccharine.....gr. iij.
Sodæ bicarbonas.....gr. vj.
Aquæ. distil.....q. s. ad., oz. iv.
M. S.— Teaspoonful every three hours.

HAIR REMOVER.—As a depilatory the following is suggested:—

R. Barii sulphid.....p. 50
Amyli,
Zinci oxidi.....aa p. 25. M.

Mix with water so as to form a soft paste, and spread upon the face. In ten minutes' time it is scraped off and the skin is now found to be smooth.

ACUTE BRONCHITIS.

R. Potassi citratis.....oz. j.
Syr. ipecacuanhæ.....oz. j.
Succi limonis.....oz. ij.
Aquæ.....oz. iij.
M. Sig.—Dr. ij every three hours.—Prof. H.C.Wood.

ACUTE BRONCHIAL CATARRH.

R. Cinchoniæ sulph.....dr. ss.
Ammon carb.....gr. xv.
Camphoræ.....gr. viij
Morphiæ sulph.....gr. ss.
M. Divide in capsule No.4. Sig.—One at bed time.—Daniel Lewis.

BOSCHEE'S GERMAN SYRUP.—Boschee's German Syrup is said to have the following formula:

Oil of tar.....1 part.
Extract of ipecac, fid.....4 parts.
Extract of wild cheery, fid.....6 parts.
Tincture of opium.....4 parts.
Magnesium carbonate.....3 parts.
White sugar.....80 parts.
Distilled water.....48 parts.

Triturate the magnesia and the oil of tar together, mix the fluid extracts and the water, and triturate the whole with the oil of tar and magnesia. Filter, add the sugar and dissolve in the cold by agitation.—*Nat. Druggist.*

MENORRHAGIA.—By Dr. Taylor, Philadelphia, Pa.

R. Ergotinæ.....gr. xl.
Ext. nucis vomicæ.....gr. x-xx.
Ferri redacti.....gr. xl.
M. Ft. pil. No. xx. S.—One pill three times a day.

DYSMENORRHEA.—Dr. Greenhalgh.

R. Ac. phosphor.....dil.. dr. i.
Liq. strychniæ.....m. xv.
Spirits chloroformi.....dr. ij.
Syrup aurantiæ.....dr. iv.
Aq. ad., oz. vi.
M. Sig.—Oz. i. three times a day.

CHRONIC BRONCHITIS AND COUGH OF OLD AGE.

R. Ammon. Chlorid.,
Ext. glycyrrhiz.....aa dr. i.
Spts. æther co.....dr. ij.
Aquæ.....ad. oz. vi.
Sig.—Half oz. every two or three hours.—Dr. Waring.

IRRITABLE BLADDER WITH ACID URINE.

R. Spts. ammon. arom.,
Æther nit.,
Tr. hyoscyami.....aa dr. ij.
Aq. camph. qs.,.....ad. oz. vi.
M. Sig.—One oz. three times a day.

MAMMARY ABSCESS—TO PREVENT.

R. Aquæ ferv.....oj.
Ammoniæ carb.....oz. j.
M S.—Apply by means of cloths, as hot as can be borne, every two hours or oftener.—Dr. Miall.

PRURITUS ANI—Kelsey prescribes acetate of potassium, 10 grains three times a day internally, and a 10 per cent. solution of nitrate of silver locally, to be followed by the following ointment.

R Menthol.....dr. j.
Simple cerate.....oz. j.
Oil of sweet almonds.....oz. j.
Carbolic acid.....dr. j.
Powd. oxid. of zinc.....dr. j.

M. Sig.—Apply morning, noon and night, after cleansing the parts.—*Med. and Surg. Rep.*

CHILBLAINS—Morrow recommends:

R Carbolic acid (white),
Tannic acid.....aa dr. j.
Tincture of iodine.....dr. ij.
Vaselin (albolene).....oz. iv.

M. Sig.—Apply to the affected part three or four times a day.

ACUTE URETHRITIS.—To allay sexual excitement and produce a direct sedative influence upon the inflamed part, Dr. G. Frank Lydston recommends (*Lancet Clinic*):

R Ext. ergot.....m xv.
Tinct. gelsemii.....mv.
Potass. brom.....grs. xx.
Tinct. hyoscyami.....mxxx.
Syr. aurantii.....oz. ss.
M. Sig.: At bedtime.

OBSTINATE CHRONIC GONORRHEA.—In obstinate chronic cases of gonorrhea the follwing is a useful mixture, which can be applied by means of the endoscopic tube:

R Iodine Resub.....20 grains.
Eucalyptol.....2 drachms.
Potass. Iodide.....2 drachms.
Glycerin. Tannate.....½ ounce.
Acid. Carbol.....20 grains.
Boro Glyceride.....q. s. ad.....2 ounces.
M. Sig.—Apply.

ECZEMA.—In those obstinate forms of eczema where there is considerable hypertrophy such as may be witnessed around the knees, the following preparation has proven itself of great value in my hands:

R Sulphuris sublimat
Picis liquidæ.
Saponis viridis.....aa dr.
Acidi salicylici.....g xx.
Ungt. zinci oxid.....ozs.
M. S.—Apply.

While the application may seem rather strong, and possibly caustic in its action, by watching it carefully results justifying the above estimate will be obtained.

FOR REMOVING WARTS.—A most successful means of removing the ordinary wart, whether situated on the hands or elsewhere, is as follows:

R Acid salicylici.....g xxx
Ungt. aquæ rosæ.....oz. ss.
M. S.—Apply twice daily for two days, after which the growths being softed, they should be removed by a dermal curette, and by using these means you can safely say that the wart will not return.—J. Abbott Cantrell in, *Phila. Polyclinic.*

MALARIA.—Prof. Samuel Wolfe (*Med. Bulletin.*

R. Resorcin.....dr. iij.
Tr. eucalypti.....oz. j.
Syr. limonis.....oz. ij.
Aquæ.....oz. j.
M. Ft. solut.
Sig.—Teaspoonful three times a day.

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Reviews.

INTERNATIONAL CLINICS. New Series. No.'s 1, 2 and 3. J. B. Lippincott Co., 715 & 717 Market St., Phila., Pa., publishers. Price $1.25 each.

These are cloth-bound volumes, of about 350 to 400 pages each, published quarterly, giving clinical lectures of the best men in this country and Europe. To the constantly studying physician and surgeon they are very valuable volumes, indeed.

MOTHER AND CHILD. By E. P. Davis, A.M., M.D. and J. M. Keating, M.D., LL.D.; 472 pages; illustrated; cloth. Price $2.50. J. B. Lippincott Co., Phila.

Part I of this useful book, by Dr. Davis, is devoted to the mother. It traces her development from early girlhood through the various stages of feminine life to the completed functions of maternity and lactation, giving hygienic instruction for each of the various stages.

Part II, by Dr. Keating, treats of the care, nursing and physical training of children, from the new born babe through the period of second dentition. The book will be appreciated by physicians, mothers and nurses.

FAITH HEALING, CHRISTIAN SCIENCE AND KINDRED PHENOMENA. By J. M. Buckley, LL.D. Cloth, 308 pages. The Century Co., New York.

In this work we have a thoroughly scholarly treatise on this most important subject. Every physician who wishes to understand the morbid actions and states of the mind should give it a careful study. Dr. Buckley's life-long study of the subject and extensive observations, supplemented by the most exhaustive historical research, constitute him the one peculiarly fitted man for the great work here carried out. No library on mental and nervous diseases, metaphysics, anthropology or even on therapeutics is complete without it.

CONSUMPTION AND KOCHINE. Part II. By Dr. Rudolph Seiffert, Chicago. Price $1.25. Published by Ed. Ackerman & Co., 86 Fifth Avenue, Chicago, Ill.

This is a thorough delineation of laboratory investigation and chemical experience with tuberculinum kochine or lymph, as a natural antidote of tuberculosis. Those who are interested in this field of activity must have this book.

TWELVE HUNDRED MEDICAL WORDS PRONOUNCED AND DEFINED. By George M. Gould, A.M., M.D., 377 pages, pocket size, bound in flexible morocco, gilt edges. Price $1.00. P. Blakiston, Son & Co., 1012 Walnut Street, Philadelphia.

This is the most complete as well as the handsomest pocket medical dictionary we have ever seen. It is truly a pocket companion. The price for it is very low indeed.

A MANUAL OF CLINICAL OPHTHALMOLOGY. By Howard F. Hansell, M.D., and James H. Bell, M.D., both of Jefferson Medical College. 231 pages, 120 illustrations. Cloth. Price $1.75. P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia, Pa.

A very satisfactory work for the general practitioner, treating largely of ophthalmological examinations and the common diseases and errors of refraction.

A MANUAL OF THE PRACTICE OF MEDICINE. By A. A. Stevens, A.M., M.D., of the Univ. of Pa. Cloth, 500 pages, $2.50. W. B. Saunders, 913 Walnut St., Phila., Pa.

Our first impression was unfavorable before we had opened this book, as against the class of incomplete, abbreviated or compiled medical works so common at the present time. However, a careful perusal of Dr. Stephen's Manual completely removes the objection mentioned. It is not a hastily prepared abbreviation, but a thorough, conscientious and scientific *condensation;* hence it is of the very highest service to the medical practitioner.

In the first place, the various subjects of medical practice are very closely analyzed and classified. This greatly facilitates ready reference and reduces the amount of text required, making up for much of the repetition found in the larger works on practice. Under each subject the latest knowledge of symptoms, pathology, modes of examination, diagnosis and the best methods of treatment (exemplified by prescriptions) are given. Pathology is elucidated by suitable illustrations. The entire work is abreast with the latest scientific advances.

NOTES ON THE NEWER REMEDIES: THEIR THERAPEUTIC APPLICATIONS AND MODES OF ADMINISTRATION. By David Cerna, M.D., Ph.D. Cloth, price, $1.25. W. B. Saunders, 913 Walnut St., Phila., Pa.

We have often had requests for just such a book as this. We are especially pleased that so able and conscientious a man as our friend, Dr. Cerna, has taken up the task of preparing it, as that, alone, is a guarantee of the high quality of the work. This book fully sustains the reputation enjoyed by its talented author among the circle of friends who know him best. It takes up a long list of the remedies put forth within the past few years and gives the information regarding each one, that the physician most desires.

THE INQUISITOR, a monthly journal of science in plain language, $1. Wm. Wesley Cook, M.D., Chicago, 307 Inter-Ocean building.

THE ACCIDENTS AND EMERGENCIES OF CHILDHOOD. Price 5 cents. Babyhood Publishing Co., 5 Beekman St., New York.

THE MEDICAL AND SURGICAL OBSERVER (monthly, $2 per year) is a bright medical journal published especially for physicians of the Negro race, by M. V. Lynk, M.D., Jackson, Tenn.

THE CHICAGO CLINICAL REVIEW, monthly, $2.50 per year. 788 Washington Boulevard, Chicago, Ill.

A good journal with somewhat grandiloquent pretensions. We are in sympathy with its high aims.

GOOD ROADS, a monthly magazine devoted to the improvement of public roads and streets, $2 per year. Isaac B. Potter, Potter Building, New York, N. Y.

MCCASKEY'S CLINICAL STUDIES. Published quarterly, at $1 per year, by G. W. McCaskey, A.M., M.D., Fort Wayne, Ind.

This publication will contain the original work of its author, our talented friend, Dr. McCaskey. We wish him abundant success.

THE ALIENIST AND NEUROLOGIST for January, 1893, contains: "Pachymeningitis Interna Hemorrhagica (Eight Cases)," by E. D. Bondurant,

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M.D., Tuskaloosa, Ala.; "Remarkable Case of Somnambulism," by William W. Ireland, M.D., Scotland; "Note on Nervous Disturbances After Removal or Atrophy of Testicles," by C. H. Hughes, M.D., St. Louis; "Homicidal Mania," by Dr. Camuset; "Paretic Dementia and Syphilis," by Jas. G. Kiernan, M.D., Chicago; "Muscular Onanism," by Dimitry Stefanowski, LL.B., Faroslawl, Russia; "Pathology of Artists," by Lucian Arreat. Paris, France; "Progressive Muscular Atrophy," by Philip Zenner, A.M., M.D., Cincinnati; "Mirror-Writing," by W. W. Ireland; "Relation of Alcohol to the Inhibitions," by Harold N. Moyer, M.D., Chicago. Besides the usual Selections, Editorials, Hospital notes, Reviews, Etc. C. H. Hughes, M.D., editor, 500 N. Jefferson Ave., St. Louis. Subscription, $5.00 per annum; single copies, $1.50.

THE MEDICAL BULLETIN is a medical newspaper, published weekly by the Kauffmann Medical Publishing Co., 359 to 361 Dearborn St., Chicago, at $2 per year. It is devoted principally to news and the World's Fair.

THE MILWAUKEE MEDICAL JOURNAL. Monthly, $2 per year. The Milwaukee Medical Journal Co., Milwaukee, Wis.

We wish our new friend success. The initial number has a very neat appearance, indeed, and the articles published are of decided merit.

An educational trinity of H's is the ideal of THE NEW EDUCATION, a new magazine appearing in January. It calls for a "full-orbed education," the education of head, of heart, and of hand, to take the place of the traditional three R's; or perhaps to make possible and fully efficient the teaching of the R's—and something more. THE NEW EDUCATION holds that the mission of all education is to prepare for life, to help children grow in the right direction and develop into full efficiency all the possibilities of their being. It expects to be helpful in the home, the kindergarten, and the school. To all of these it will furnish suitable material and suggestions; methodical courses of procedure, working programs, manual and intellectual occupations, stories, songs, games, studies of child-growth and of child nurture, discussions of various methods of training and teaching, of guiding the children in play and in work. The magazine will be conducted by Dr. W. N. Hailman, Ph.D., Froebel's translator and the author of well-known pedagogical works. Simpson & Co., 841 Broadway, New York, are the publishers.

MOTHER AND CHILD. A monthly magazine, $1 per year. Melville C. Keith, M.D., Minneapolis, Minn. (P. O. Box 185).

This is a very useful magazine for mothers, nurses and teachers.

THE JENNESS MILLER ILLUSTRATED MONTHLY, 14 Fifth Ave., New York, N. Y.

We are glad to see each issue of this magazine. Mrs. Miller certainly understands the art of sensible dressing and is an intelligent exponent of the subject. However, there is in this number a clear illustration of the worth of the advice "Cobbler, stick to your last;" for when Mrs. Miller leaves the subject of dress for that of social philosophy she shows but too plainly that she is out of her element. Her reference to "the shallow philosophy of Mr. Bellamy," in the article upon "The Charm of Individuality," shows that she does not quite understand that philosophy. Mr. Bellamy's reasoning is now recognized as being so deep and solid that no debater has ever yet met him in the public press of the day who has not been completely vanquished.

It was beautiful to see the kindly manner in which he completely demolished the argument of the brilliant Kate Field in three or four short paragraphs of his paper, *The New Nation*, (Boston) of Jan. 7th, 1893. He leaves all his conquered opponents friends, for he knows that it is only a question of a short time when they will be believers and fellow workers.

Mrs. Miller's journal is brim full of good house-hold literature. The Doctors' wives and daughters will all like it, and, from the stand-point of hygienic dress for women, the doctors will like it also. The price is only $1 a year—less than one fourth its true value. We are glad to see its evident and deserved success.

THE reader who has been so wise or so fortunate as to have accumulated and preserved the numbers of the REVIEW OF REVIEWS for the past year is in possession of a finer portrait gallery of current celebrities in all departments of worthy human activity than could possibly be secured in any other way for twenty times the price of a years' subscription to the REVIEW. Each number contains nearly a hundred illustrations, a large majority of which are admirable new portraits of men and women in whom there is or should be a wide public interest.

THE PEOPLE'S MAGAZINE. Monthly, price 60 cents per year. The Franklin News Co., 720 Chestnut St., Phila., Pa.

This is a neat magazine, well filled with entertaining and useful literature.

THE young men and young women who aspire to obtain Academic or College educations, and whose parents cannot well afford them that expense, will be interested in the work of THE COSMOPOLITAN MAGAZINE, which has offered for the year 1893 one thousand scholarships at any of the leading colleges or schools of the United States, upon the condition of introducing the magazine into certain neighborhoods. Yale, Vassar, Harvard, Ann Arbor, Chicago and Southern colleges, the great schools of art and medicine, all are alike open to the ambitious boy or girl who is not afraid of a little earnest work. THE COSMOPOLITAN sends out from its New York office a handsomely printed pamphlet to any applicant, telling just what is necessary in order to secure one of these scholarships. The scholarship itself includes board, lodging, laundry and tuition—all free.

THE REMOTE EFFECTS OF FETAL BRAIN INJURY; or WHY WE ARE RIGHT-HANDED. By F. W., Goodall, M.D., Bennington, Vt.

This is an article that was read before the American Medical Association. The author's theories are quite ingenious.

PNEUMONIC FEVER. By Edward F. Wells, M.D. Chicago.

This is an excellent pamphlet, which was originally read before the Chicago Medical Society.

THE PHYSICIAN'S VISITING LIST. P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia, Pa. $1.

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REPORT OF STATE BOARD OF HEALTH OF FLORIDA. Hon. Joseph Y. Porter, M.D., Jacksonville, Secretary.

This will be a useful volume to those especially interested in the subject of hygiene.

E. B. TREAT, PUB., N. Y. has in Press for early publication the 1893 *International Medical Annual;* being the eleventh yearly issue of this extremely useful work.

It arranges in a practical way for ready reference what is worth preserving of the year's medical literature, together with a number of important papers specially written; and will contain over 6000 references to diseases and their remedies; many illustrations in black and colors being used where helpful, in explaining the text. The service rendered by this work, giving the year's progress in Medicine and Surgery so conveniently and at so low a price ($2.75), cannot be overestimated. Altogether it makes a most desirable, if not an absolutely necessary, investment for the practitioner.

THE QUARTERLY ILLUSTRATOR, Published by Harry C. Jones, 92 & 94, 5th Ave., N. Y. Price only $1 per year.

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PROCEEDINGS OF THE FOURTH STATE SANITARY CONVENTION OF PENNSYLVANIA, held at Norristown, Pa., May 9th and 10th, 1890. Benjamin Lee, M.D., Sec. State Board of Health, 1532 Pine St., Phila., Pa.

An excellent volume, containing many very valuable papers.

INJURIES TO THE SACRO-ILIAC JUNCTION. Brief History of Suspension in Pott's Disease.

The above are two very excellent monographs by Benjamin Lee, M.D., 1532 Pine St., Phila.

ROAD-MAKING AS A BRANCH OF INSTRUCTION IN COLLEGES. By Albert A. Pope, Boston, Mass.

ONE of the prettiest and finest pocket diaries of the season is that given gratuitously upon request by the McArthur Hypophosphite Co., Boston, Mass. The information contained in its printed pages is not that usually found, and is especially valuable.

CHILD GARDEN, a monthly journal of story, song and play for mothers and all who have the mental and moral training of children. Price $1 per year. Address, Child Garden, Woman's Temple, Chicago, Ill.

FOR GIRLS: A SPECIAL PHYSIOLOGY. By Mrs. E. R. Shepherd. Cloth $1. Fowler & Wells Co., 27 East Twenty-first St., New York, N. Y.

This is a much-needed work, giving valuable instruction in a plain but delicate manner, to girls and young women. In our last issue it was incorrectly referred to as "Our Girls."

THE HOME MAKER, a monthly magazine, $2 per year. The Home Maker Co., 36 Union Square, New York, N. Y.

The Christmas number of this magazine is very fine indeed, as are all the numbers. The talented editor, Mrs. Croly, is familiarly known wherever the English language is spoken by her *nom de plume* Jenny June. In our opinion the article "Chats with my Girl Friends about Christmas," by Mrs. Paull, is the best one of this number. We are always delighted to see the Home Maker come.

THE JOURNAL OF HYGIENE AND HERALD OF HEALTH; Monthly; $1 per year. Dr. M. L. Holbrook, editor, 46 East 21st St., New York, N.Y.

This may be set down as distinctly a hygienic age. The greeting, "How do you do?" is a very appropriate one in this age. We hope this may go on until the people are universally well informed in regard to the best means of preserving their health and attaining full physical development.

THE WEEKLY REVIEW, 5 Somerset St., Boston. $2.50 per year.

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THE INTERNATIONAL MEDICAL MISSIONARY SOCIETY.—The Board of Managers having secured the necessary authority from the Board of Regents, at Albany, Dec. 14th, 1892, to establish a Missionary School of Medicine in this city, take pleasure in informing their friends of the same, and sincerely thanking those who, by their signatures and support, have aided them in founding the first institution of its kind in the world.

DOCTOR, you can cut short many cases of inflammation of the upper air passages by the timely use of rhinolin,or pulvis listeri,an antiseptic healing powder prepared by the Aloe and Penfold Co., Omaha, Neb. It has lately been found to be equally useful in the treatment of catarrhal conditions of the female genital passages.

TERRALINE IN PULMONARY DISEASES, by H. E. Woodbury, M.D.—Terraline or refined petroleum is one of the comparatively new coal oil products and merits the consideration of the medical profession, as one of our best remedies for all pulmonary diseases. I have recommended it to other parties and used it in my own family with satisfactory results, as it is not apt to derange the stomach and has not the disagreeable taste of Cod Liver Oil. The dose is small and this renders the medicine inexpensive. As this remedy becomes better known I feel sure that it will be more highly appreciated, and fill a desideratum in medicine that has long existed.

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Washington, December 1, 1892.

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A NEW CAUSE OF MEASLES.—An English health officer recently received the following note: "Dear sir, I beg to tell you that my child, aged eight months, is suffering from measles as required by act of Parliament."

THE Philadelphia Medical *Times and Register* (Dr. Waugh's Journal) is a large and excellent weekly, at only $3.00 per year. It is better than many of the $5.00 weeklies. A new feature in medical journalism was started by Dr. Waugh recently—the issue of "special numbers"—that is, devoting an occasional issue to the consideration of a single disease. Send 10 cents for a copy of his Tuberculosis number, for example. We have made special arrangements by which WORLD subscribers can get the *Times and Register* (including all the special numbers) for only $2.00!!! This notice must be cut out and sent with order, together with the statement that you are a paid up subscriber to THE MEDICAL WORLD. Send orders direct to *Times and Register*, 1725 Arch St., Philadelphia, Pa.

AN entirely new preparation is a Wine of Cod Liver Oil with Peptonate of Iron. This can be had of Frederick Stearns & Co., Detroit, Mich.

HAVING used *McArthur's chemically pure* Syrup of the Hypophosphites of Lime and Soda for some time in my practice, it affords me pleasure to recommend it to my patients who are suffering from incipient phthisis, chronic bronchitis and other pulmonary affections. In all wasting diseases I think it a most reliable remedy. It increases appetite and promotes digestion. David F. Drew, M.D., Councillor Massachusetts Medical Society.

FORBES DIASTASE will give you magnificent results in cases of emaciation, indigestion or malnutrition. If it is new to you, address the Forbes Diastase Co., Cincinnatti, O.

WHEN a man goes wrong "there is always a woman at the bottom of it." When a man goes right we never hear that there is a woman at the top of it, but there is.—*Galveston News.*

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THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.— FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D., J. J. TAYLOR, M. D., } EDITORS.

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1520 Chestnut Street,

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Vol. XI. MARCH, 1893. No. 3.

Diphtheria.

EPIDEMICS of this disease in various parts of the country at the present time may be taken as sufficient justification for a brief resume of the best teaching and practice in so old and well-known a subject as diphtheria. Hence we take the liberty of re-stating a brief review of the subject, with such modifications as further investigation seems to warrant.

The specific etiology of diphtheria may now be taken as being pretty generally accepted. The cases that formerly seemed to disprove this theory have long ago been proven to be not diphtheria at all, but a simple inflammation proceeding to ulceration. Moreover, the disease heretofore called diphtheria must itself be divided, as has been recently demonstrated, into two varieties, or, rather, two distinct diseases, both contagious. The first, appropriately called pseudo-diphtheria, caused by various microbes, has a tendency to remain local, producing little systemic poisoning and comparatively free from sequelæ. The second, caused by the Klebs-Loeffler bacillus, is much more malignant, the micro-organisms producing a malignantly poisonous ptomaine which enters the circulation and invades the entire system, causing a profound intoxication. To summarise, then, we may have (*a*) scattering cases of ulcerative sore-throat, (*b*) epidemics of the mild disease, pseudo-diphtheria, or (*c*) epidemics of diphtheria—all presenting, to the cursory observer, more or less similar local appearances.

The vexed question as to whether diphtheria is a local or systemic disease could be answered, it seems to us, in much the same way as could the question as to whether rattlesnake poisoning is a local or systemic condition. The inoculation is local, the poison soon pervades the system and becomes general.

The treatment must be based upon rational lines, and must be thorough and unremitting.

Of the local applications, frequent insufflations of salicylic acid on the diseased membrane has achieved considerable success. A powder composed of equal parts of sulphur and sulphate quinine used in the same manner is also much used.

A little work appeared in 1884, written by C. B. Galentin, M.D., and published by J. H. Vail & Co., New York, setting forth the merits of chloral hydrate as a specific in this disease. It is given in solution, combined with other indicated remedies, as bromide of ammonium, peppermint, gaultheria, etc., two teaspoonfuls containing the required dose of chloral (from one to five grains according to the age of the patient) to be given every hour when awake. The chloral acts both as a local destroyer of the disease germs on the membranes and a systemic

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antidote to its poison in the circulation. A more complete review of the work is given elsewhere in this number.

Dr. Miller, of California, prepared a work (published in 1887 by Geo. H. Field, St. Louis, Mo.,) setting forth the specific action of the acid treatment, based upon the theory that the bacilli cannot thrive in an acid medium. Any acid may be used for the purpose, even vinegar, but the best of the Doctor's experience may be expressed by the following formula:

R. Dilute sulphuric acid.....ounce ij
Tincture of phytolacca.....ounce j
Tincture of sanguinaria.....ounce ss
Tincture of capiscum .....dram j
Cinnamon water.....ounce viij
Of this half a teaspoonful is to be given every hour.

For more complete review, see another department.

Besides this there is quite a variety of "favorite" treatments of individual physicians, based, we think, upon the excess of acid—generally hydrochloric—which they contain.

Dr. Stephen Adams, of West Newfield, Maine, writes to us of the uniform success in his practice attending the use of a mild solution of nitrate of potassium. A dram of the salt is dissolved in a glass of water and a teapoonful given every hour or oftener, according to the severity of the case. The Doctor also claims the same efficacy for this treatment in membranous croup.

The antiseptic value of the more toxic salts of mercury is well established in this disease. The bichloride and the biniodide, in solution, small doses, frequently repeated, have given good results. Dr. A. Sellden, a Swedish physician, has published wonderful results from the use of cyanide of mercury grain one third, tincture of aconite fifteen minims in honey thirteen drams, a teaspoonful given every fifteen to sixty minutes, according to the case. This should be used with due caution. Count Von Volmerstein uses the same drug in an altogether different manner. He makes a stock solution of one grain in three ounces of water, adds a teaspoonful of this solution to a glass of water and gives a teaspoonful of the resultant solution every hour, representing about one fifteen-hundredth of a grain to each dose.

Many other agents have proven to be of considerable efficacy in diphtheria, as benzoate of soda, peroxide of hydrogen, fluid extract of cubebs, oil of turpentine, eucalyptol and many others.

Now why should this disease have so many remedies, and what have these remedies in common? Simply that it is pre-eminently a a disease caused by a specific micro-organism and the remedies are all of them, more or less destructive to that organism. Making due allowance for inaccuracies in diagnosis, it is fair to presume that many remedies that have gained much favor in the milder epidemics would prove utterly futile against an epidemic of malignant or true diphtheria.

In selecting a remedy for a case of diphtheria it is well to choose one that, whilst antagonizing the disease locally and in the system, will also do the least harm to the organs through which it passes, the kidneys being especially borne in mind. Judging by this standard, chloral would seem to be the best choice, closely followed by the acid treatment, salicylic acid and the active salts of mercury.

A National Quarantine and Department of Public Health.

THAT there should be National control of our quarantine regulations would seem to be beyond question, and yet the doctrine of so-called "State rights" is a factor that at times threatens disaster, as was seen last summer in New York.

When we come to consider legal enactments in all their bearings, we find that there is not, neither can there be, any law, either human or divine, that will not at times, in its execution, work a seeming injustice to some one. This, however, cannot be urged as an argument against good laws.

How far shall the powers of a National quarantine extend? Shall the general government have such jurisdiction over ports of entry only, and be restricted to the commerce of such port?

We have seen in this city within the past half year an epidemic of diphtheria with which the health authorites, as at present constituted, have been either unable or unwilling to successfully cope.

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We see tuberculosis carrying off thousands that might be saved by timely interference and adequate preventive measures.

We have before us, as we write, the constitution of the Pennsylvania Society for the Prevention of Tubereulosis. A most laudable and humane object apparently; but why should we have to depend upon self-constituted societies, no matter how praiseworthy their aim, to do that which should demand the best energies of the State? If societies are to do such work, then let us have one for the prevention of diphtheria, another for scarlet fever, another for typhoid fever, etc., etc. It seems to us that all these and kindred questions should be under the control of the general government, and strict general or local quarantine be enforced in every case. Much hardship would doubtless be experienced in some instances, but there is much greater suffering now, under our lax and utterly inefficient system of irresponsibility.

We would extend the powers of the general government health board over the entire country, vest it with adequate authority by Congressional enactment, at the same time subjecting it in turn, to the initiative and referendum, thus demanding and enforcing strict accountability to the people. We would require a careful sanitary supervision of our water ways and supply, the destruction by cremation of all garbage, refuse and sewerage, and the abolition of all privy vaults in cities and large towns, or where deemed necessary. We would also demand the most careful attention to food supply and storage, the raising, slaughtering and marketing of our cattle, sheep, hogs, poultry, fish, etc., etc.; the milk supply and the dairies, the canning and storing of vegetables, the artificial foods so liberally supplied the people, and lastly and of vast importance, the proper control of the drug and medicine output and distribution, as well as of medical practice and medical colleges.

We are not in favor of having such department as part of the Agricultural Bureau as contemplated in a drug bill now before Congress. The interests involved are so great as to demand a distinct and fully competent public officer, with sufficient aids and means to carry out the intent of the department.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Notes and Comments.—Diphtheria.

Editor MEDICAL WORLD:—I do not agree with Dr. Blake (page 50) as to treating insane patients at their homes. They should be sent to the hospital as speedily as possible. The records of these institutions show that very few fail to recover when admitted during the early months of the malady; whereas, if only admitted after the first year has elapsed, very few recover. This is the fact; the reasons are not difficult to discover. People become insane from disease of internal origin, or from their environment. For the former, the greatest skill is to be found in the experienced physicians at the hospital; for the latter, the patient requires change. It was a common remark when I was physician at Dixmont, that the relatives of the patients were enough to drive them crazy; and that isolation from their immediate family was the first step towards a cure. This is not remarkable, for the liability to insanity coincides with an ill-balanced nervous organization, and this is usually an inheritance, so that when insanity occurs in one member, all grades of peculiarity or eccentricity are to be found in the others. As to the value of experience, one curious instance may show: A patient came to my hospital very crazy, and in his history it was stated that one of his delusions was the idea that he had a tape-worm. Knowing that such ideas have meaning at times, I gave the man turpentine and he actually voided a tape-worm, and recovered his reason shortly afterwards. My good friend, Dr. George B. Simpson, of Weston, W. Va., may recollect this man as one who lay in wait for him with a billiard cue to kill him; so there was no doubt of the man's insanity.

Dr. Farmer's case (page 51) demands surgical interference; of what nature I would not say without seeing her. It is useless to treat the stomach.

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Will Dr. Johnson (page 56) kindly name the two Wisconsin counties in which more than half the people are idiots? Such a state of affairs is enough to settle the question forever, if it be due to inter-marriage. But no such record appears in the census, and we would like to get at the facts definitely.

[We understood Dr. Johnson's remarks to refer, not to Wisconsin, but to his native country, presumably Sweden, Norway or Denmark.—ED.]

In answer to Dr. Derby (page 56) I would say that when so marked a neurotic inheritance has occurred as he describes, any and all marriages in this family should be discouraged, either among each other or with outside parties. I am aware that great personal suffering and grief may be occasioned by this advice, but what else can be done? And would not the suffering induced by one morally tainted child be greater than the self-denial of remaining childless?

For Dr. Nasmith's case (page 60) I would suggest the use of salol internally, with a diuretic, such as potassium acetate; and locally a lotion of liquor sodii chlorinatæ, a dram to the pint, followed by an ointment of thirty grains of europhen in an ounce of petrolatum.

Dr. Ward (page 61) might as well stop temporizing with urethral carbuncle. Cut it out at once, under ether.

Of Dr. Easton's questions, I will suggest answers to all but the first. 2. The best hypnotics are a hot bath and a cup of hot clam juice at bedtime. 3. For obesity, increase the exercise, stop all beverages, eat but one article at each meal, preferring food that requires long mastication. 4. For adult's colic:

R. Olei cajuputi.....dr. j
Chloroformi.....dr. j
Tr. Capsici.....dr. j
Etheris fort.....dr. v
M. S.—Drams j in very little water every half hour till better.

5. Helmbold's jelly of glycerine is made of Irish moss.

Dr. Tynes needs a Wilde's snare (page 61) and should remove the polypus under ether. Pass the loop back to the base, and pinch off the polypus. You will wish your wire were a galvano-caustic loop when you are doing this. After it is off, cauterize the base.

Dr. Kenyon (page 61) should try pilocarpine and ergot for polyuria, and erigeron for enuresis.

Dr. Allen's amenorrhea case (page 62) would be better for reduction of weight by exercise and diet. No other remedy should be used until this is done.

Dr. Connor will find a corn developed on the bunion. Put on this a bit of J. and J.'s salicylic acid and cannabis plaster, and wear a perforated bunion plaster for a week. Get wide-toed shoes.

Dr. Robinson (page 63) might apply blisters along the spine, upper half of dorsal region; and reduce the hypertrophied uterus.

Several writers ask about the treatment of obesity. Trainer's compel their patients to take exercise, wrapped in thick woolens to induce sweating; the woolens applied to the part that needs reduction most. Then they are rubbed down thoroughly with coarse towels and the hands, and massaged. Dancing on a spring board, and such other exercises as are indicated in each case, are resorted to. The diet is limited to lean meats and a moderate supply of fruit and vegetables; a little fat, but no sugar, little starch, and as little liquids as the patient can possibly do with. People who want to get thin must give up candy, ice water and eating between meals; they must eat of but one article at each meal and chew the food well, drinking nothing while eating but one small cup of any desired beverage after each meal. Exercise, active or passive, is essential. It is very simple and easy, and anyone can safely and agreeably reduce his or her weight, if willing to practice self-denial for a week or two. After this it is easy enough.

A few words about diphtheria. Some years ago I was consulted by a very worthy physician in regard to an outbreak of diphtheria in a country town in Pennsylvania. It was a malignant form, and the doctors had not succeeded. Several had come to the town with reputations as successful in treating diphtheria, but left their reputations behind them. I asked about the hygienic condition, and was assured that it was excellent. I advised an application to the State Board of Health. This Board sent one of its skilled inspectors who reported the hygienic condition as simply shocking; the drinking water of the whole town was polluted with sewage. No wonder the doctors failed; they had never lifted their eyes above the patient or investigated his surroundings.

While I was connected with the City Board of Health we investigated over 3000 cases of infectious disease. Invariably we found malignancy connected with bad hygiene, and mildness with clean surroundings. A fatal case was sure to be found with a filthy cellar, yard, gutter or alley, or a foul cess-pool. Very rarely the physician called attention to these things; more frequently he would report the sanitary condition of the house such as to require no inspection, where the most obvious defects existed. The conclusion reached was that Philadelphia is blessed with a race of eyeless and noseless doctors whose duties are confined to making

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visits and writing prescriptions. The first duty of the physician, when called to see a case of diphtheria, is to ascertain why the patient has diphtheria; whence came the germ, where did it lodge, and in what filthy hole can it develop into malignancy? This done, the doctor will find the rest easy enough. It makes me ashamed of myself to think how, year after year, I taught my boys how to "treat" this disease, and scarcely mentioned the point of prime importance, the hygienic investigation. You may direct your peroxide with unerring aim against the diseased surfaces, but first have the filthy gutters cleaned out. Dissolve off the false membrane with trypsin if you think best, but remove the heaps of garbage from the urinous back alley. Stimulate, give ice, feed well, watch for coryza and spray with peroxide or wash out nostrils with one per cent. silver solution as soon as signs of the disease appear in the nose; but if with every breath the child inhales fresh poison, what are all these things worth? All the drugs, systems and theories concerning diphtheria are of less value than the sanitary regulation of the premises.

WILLIAM F. WAUGH, M.D.

Philadelphia, Pa.

Ammonium Chloride Mixture for Diphtheria.

Editor MEDICAL WORLD:—I am glad to see that the March number is to be devoted to the consideration of diphtheria, and while I have been for several years an interested and much benefited reader of your Journal, without offering any contribution in return for the benefit derived, I feel that I can send something of value on this subject.

For some years my favorite internal treatment has been by the "free chlorine mixture" recommended by Prof. Waugh, and it has always given excellent results where I have been able to have it properly used; but I have a combination now which I prefer to it, as less difficult to take, and, as really appearing to me to have an even more prompt effect. We have been recently having quite a lot of very serious cases in my neighborhood and it has taken heroic work to keep the death rate from going beyond a pleasant average, so I have been compelled, I suppose in common with others, to look up all the literature on the subject at my disposal. In the *International Medical Annual* for 1891, I found a recommendation, by Dr. James Hendric Lloyd, of the substitution of ammonii chlorid. for potassii chlorat. in the treatment of diphtheria. His recommendation seemed to me to have a good foundation, inasmuch as ammon. chlorid. "acts as a stimulant to the mucous membrane, increasing the normal secretion and so diluting and dissolving thick, tenacious mucus and fibrinous masses," also, as "it is eliminated unchanged in the urine, and without any apparent irritating effects upon the kidneys." I tried it in about twelve cases in combination with tinct. ferri chlor., sometimes adding acid hydrochl. dil. and hydrargyri. chlor. corros., but more often not. The first case in which I used it as the chief agent was a little girl eight years old. When I was called both tonsils were covered with membrane and there were large patches behind the tonsils, which almost met at the back of the pharynx. Pulse 132, temperature 102°. I prescribed for her:

R. Ammonii chloridi.....drams vi
Tinct. ferri chloridi.....fl. drams vi.
Acidi hydrochl. dil.....minims xxiv
Hydrarg. chlor. corros.....grains ¾
Glycerini.....ounce ½
Aquæ menth. pip.....q. s. ad. fl ounce iii
M.—Sig.—A teaspoonful in water every two hours.

The next morning when I saw her her pulse was 108, temperature 99.4, and there was quite an evident loosening of the edges and breaking up of the patches. The next morning pulse 108, temp. 98.4. Feels right and eats well, throat still red and swollen, but only a slight suspicion of membrane, and the fourth morning there was no sign of membrane. Her recovery was prompt and permanent. The second case was another eight year old girl. At my first visit her pulse was 132, temperature 103.8. She had a large patch on each tonsil extending well on to the sides of the pharynx and up into the post nasal space. Her home was under quarantine, her baby sister having died just a few days before. I prescribed for her as above, only decreasing the amount of ammonii chlorid. and tinct. ferri chlorid. each to dram iij. Next morning her pulse was at 120 and temperature was 99.9. Membrane just as large as before, but looks more rotted and dead. Third morning, pulse 108, temperature 98.9. Left side of throat clearing; fourth morning pulse 96, temperature 100.2. Membrane nearly all off left side, but not much less on right side. On the seventh morning the throat was entirely clear, and her appetite was "better than for the last year."

My next case was the mother of the last one mentioned. Her throat was covered with diphtheritic membrane, but there was no fever and pulse was not high when I first examined her. I prescribed:

R. Ammon chlorid.....dram iv.
Tinct. ferri chlor.....fl dram iv
Hydrarg chlor. corros.....grain j
Aquæ menth. pip.....qs ad ounces iij
M Sig.—A teaspoonful every two hours

The next morning there was not more than one third of the membrane left and the third day it was all gone, and her appetite was very good. Another case was a boy seven years of

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age with the whole of the right side of his throat covered with tough membrane and a small patch on his left tonsil. I prescribed:

R. Ammon chlor.....dram iij
Tinct. ferri chlor.....fl dram iij
Syrupi. tolutan.....ounces iij
M. Sig.—A teaspoonful every two hours.

Next morning his appetite was good, bowels free, left side clear, only a speck on the uvula and a little more than one-third of right tonsil covered. The third day his throat was all clear and his appetite was excellent. In three days he had a relapse, and his throat was worse covered than before, as his parents had really had no belief that the case had any serious aspect and had acted accordingly after his recovery, but the same treatment was resumed and the fourth day again found him completely convalescent.

Another was a little girl five years old. Pulse 132, temperature 102.1; right side of throat well covered, and with a foul breath.

R. Ammon. chlorid.....dram. iij
Tinct. ferri chlor.....fl. dram iij
Acid. hydrochl dil .....minim xv
Syrupi tolutan.....qs. ad fl. ounces iv
M. Sig.—A teaspoonful every two hours.

In the evening, pulse 124, temperature 100.4. She was quite delirious and the membrane had extended a little, The next morning the pulse was 100 and temperature 99.4. Membrane breaking off at the edges. Third morning, pulse 96, temperature 99.4, and membrane all gone, after which recovery was rapid and uninterrupted.

Next was a little girl 3½ years old. Pulse 144, temperature 102.8. Found one thick, round, tough patch behind her left tonsil. The next morning the temperature was 98.6, and no change in the patch. The evening of the second day the membrane was half gone and temperature was 99°. Next morning the membrane was nearly gone and her appetite was ravenous, and the fourth day there was no membrane.

Then there was a boy five years old, pulse 136, weak, temperature 103.5, apparently very ill—had been sick four days with his parents trying to avoid the Board of Health. Both sides of throat well filled with a dirty looking membrane.

R. Ammon. chlor.....dram ij
Tinct. ferri chlor.....fl. dram ij
Acidi hydrochl. dil.....minim xxiv
Syrup tolutan ad.....ounce iij
M. Sig.—A teaspoonful every two hours.

By the third day of my attendance the membrane was all gone, and his appetite was good. Pulse 96 and temperature 98.8, and his recovery was good and rapid.

I suppose I have given as many cases as there is space for. Suffice it to say that the most unpromising cases in which I tried the combination of ammonii chlorid, as above set forth, all did more satisfactorily than I have seen before, even from the free chlorine mixture. The patients were left in *excellent condition* in every way. The only local treatment that I used in any of these cases was atomization, with the following mixture, which I consider to have proven more effective in my hands than the most highly vaunted remedies for atomization:

R. Acidi carbolici.....grains j
Liq. iodi. comp.....minim iv
Glycerini.....drams j
Aquæ camphorae *ad*.....ounces j
M. ft Sol. Sig.—To be used very freely and frequently with the atomizer.

That looks very simple and mild, but whoever tries it will find that it does heroic work and will have no cause to regret using it.

S. Cooke Ingraham, M.D.
No. 113 Sumac St., Wissahickon, Phila.

Notes on Diphtheria and its Treatment.

Editor Medical World:—For the treatment of a case of diphtheria, let us have isolation, ventilation and a good nurse.

Keep the patient in bed, no matter how mild the disease may appear.

Let cleanliness be the rule in everything, room, clothing, patient's body, and throat of patient. The latter may be effected by a spray of peroxide of hydrogen of suitable strength. Let the patient have freely of pineapple juice, since it acts kindly on the membrane.

I have tried the various medicinal treatments, but believe that for the ordinary case, calomel and bichloride in full doses, for the first thirty-six hours, followed by potas. chlor. and tinct. ferri chlor. in syrup and glycerin have given the best satisfaction. Strychnine or the nitro-glycerin-co, of Mulford, together with brandy and good food will be of much service.

O. W. Braymer, M.D., PH.D.
Camden, N. J.

Diphtheria.

Editor Medical World:—In a practice of nearly twenty-four years I have treated a considerable number of cases of diphtheria, from the simplest to the most malignant forms, and had four fatal cases. The first one was complicated with convulsions; the second did not receive any medicine for three days after coming under my care, the mother disliking to force the child to take her medicine, but telling me she *had* taken it; the third occupied a bed which had been used by two other cases of diphtheria in succession, the bed clothing not having been changed; and the last one had the disease six days before medical attendance was deemed necessary and my services were requested. Believing that the plan of treatment followed has had better results than some others, it is briefly

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described. Having first established a diagnosis, I commenced treatment with the following prescription:

℞ Quin sulphat.....grain iv
Tr. fer. chloridi.....gtts xl
Potass. chlorat.....grain 80
Aquae.....ounce iv
The quin. and tinct. fer. chlo. to be mixed in the bottle, the water added, and finally the pot. chlo. in powd.
Sig.—An adult will take one tablespoonful every four hours.

A half hour afterwards commence with:

℞ Potass. permang.....grain iv-viij
Aquae.....ounces iv
M. Sig.—An adult will take one teaspoonful every six hours. In bad cases every two hours.

This is an exceedingly unpopular remedy. Some take it without trouble, only making disparaging remarks. Others have difficulty in retaining it. None of my patients have failed yet to retain it, if the mouth has been kept closed for three to five minutes after taking the medicine. The writer learned this while taking unpleasant remedies himself. These two prescriptions constitute the internal treatment. If the quinine mixture causes cephalalgia in children, it is omitted, and the permang. sol. given alone. If symptoms of nephritis are present, the potass. chlorat. is reduced, or the mixt. omitted entirely, and the permang. given freely. Milk has proven to be the best diet.

Local Treatment.—In severe cases the sol. pot. permang. (gr. iv to oz j) is applied to the tonsils by a small mop of muslin (the diameter of a lead pencil) tied firmly upon a handle. To prevent slipping the handle should have notches cut in it. In dangerous cases the throat may be mopped every two hours. The saucer to contain the permang. sol., the spoon to depress the tongue, and the mop, should be carefully washed after each application, and they should not be used for more than one patient. In some of my worst cases the potass. permang. did not seem to have a marked effect upon the disease. Argent. nit. gr. xl to aq. oz. j was then substituted. An application of this solution would have a decided effect upon the throat, the patient clearing his throat and expectorating for ten or fifteen minutes, and thereby removing more or less of the membrane. As the membrane became less, the argent. nit. would be suspended, and the permanganate resumed.

As a gargle this prescription has been very serviceable, and can be used every hour:

℞ Pulv. capsici.....dram j
Sod. chlorid.....dram j
Vinegar
Aquae.....aa oz. viij—M

The capsicum may be omitted in many cases. When used the water (boiling) should be poured upon it first, covering for fifteen minutes and straining, then adding the vinegar and sod. chlorid.

Tinct. of iodine is applied to the throat externally over the seat of pain and swelling. It should not be used too freely at first, cases having been observed where severe irritation followed its first application, one or two applications having shown the susceptibility of the patient. The iodine can be used three or four times daily or oftener until relief is felt. If it is painful at any time, a little melted lard or sweet oil will relieve the unpleasant symptoms. For young children, tinct. iodine may be mixed with lard before applying. A strip of flannel two inches wide should be worn around the neck during the attack, and for a week or more after convalescence.

The antiseptic most freely used has been:

℞ Zinc. sulphat.....ounce ss
Sod. chlorid.....drams ij
Aquæ.....ounce j
M. S.—Wet the patient's handkerchief and direct him hold it near his mouth and nose frequently.

The attendants and members of the family should keep their handkerchief saturated. It can be sprinkled on the pillows and about the bed. Cloths saturated with it may be hung about the room. During the first nine years of my practice I contracted diphtheria from patients a number of times. During the past fifteen years my handkerchief has been nearly always moist with the above solution while attending cases of diphtheria, and the contagion has not affected me. A peck or half bushel of unslaked lime should be kept in the room in an open box under the bed or table. A half gallon of salt dissolved in boiling water and lime slaked in it to the consistency of whitewash and placed in vessels about the room, or cloths saturated with it and hung about the walls, will have a good effect in purifying the air. The room should be kept at a moderate and equable temperature.

When called to a severe case of diphtheria in a large family, it has appeared advisable to prepare a pint of the quin. and tinct. fer. chlo. mixture, and direct all the rest of the family to take a dose once daily or oftener as a prophylactic. Also a dose of the permanganate once daily. Spiritus frumenti appears to be prophylactic in some cases.

Refractory children take their medicine with some avidity when a process of manipulation is employed. The nurse placing the child upon his back on her lap, holds the spoon in her right hand. Closing the child's nostrils with her left index finger and thumb, the mouth opens spontaneously and the medicine is poured into the cavity. A quick pressure under the chin closes the mouth, and at the same moment the nose is released. The medicine is swallowed—*nolens volens*—and the child sits up with an expression of countenance indicating a desire to know: "Where am I at?" Two over-zealous parents

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once administered a dose while I was in the room, the father holding the nose shut, while the mother closed the mouth. The vigorous struggles of the child attracted my attention, and a prompt explanation caused their unfortunate offspring to be released from his embarrassing position. JOHN J. LIGGET, M.D.

Ladiesburg, Md.

Diphtheria in Orphan Asylum Practice.

Editor MEDICAL WORLD:—In August, last, I was called to the orphan asylum in this city to see a child four years old. Had been feeling ill two or three days. On examination I found well developed diphtheritic patches on both tonsils, about half an inch in diameter. The child breathed with difficulty and rapidly grew worse. The membrane probably formed in larynx and trachea, beyond the reach of remedies. It was too late, the child died the same night asphyxiated. The next day another child was taken sick and membrane developed on both tonsils and uvula. On the following day one more was discovered. In four or five days three others were discovered. All these recovered.

There were in the asylum fifty-four children of both sexes. The sick ones ranged from four to fourteen years of age. Two rooms in the building were set apart for the sick, and a nurse was in attendance all the time. None could enter the room except the physician and nurse and the matron only on necessary occasions. All spittoons were disinfected and soiled handkerchiefs were immersed in Platt's chlorides. The childrens' wards were fumigated with burning sulphur daily.

The sick children were put on peroxide of hydrogen diluted with water boiled, one to three. Of this, the dose was one teaspoonful every two hours. The throats were swabbed with absorbent cotton dipped in peroxide of hydrogen every two hours, applied to the membrane. Tinct. of iron and chlo. of potash was given every three hours, with much liquid food.

The following prescriptions were given:

R. Peroxide of hydrogen (medicinal).....ounce ij
Sig.—Mix one teaspoonful with three of water and give one teaspoonful of the mixture every two hours. Swab throat with pure peroxide every two hours.

Also:

R. Tinct. mur. ferri.....dram ij
Chlo. pot.....dram j
Water.....ounce j dram j
Glycerine.....qs. ad. ounce iv
M. Sig.—One teaspoonful every three hours.

As a preventive all drinking water was boiled and all throats were examined and the iron and pot. and glycerin. prescription given three times a day to all.

On inquiry as to the cause, I concluded that the water supply was responsible. The water is pumped by a wind mill to the top floor, and from this water is drawn for drinking and household uses. This failed, as the water was drawn from a well. Cistern water was then used; this failed also, and then water was let in from the city hydrants, into the cistern, without cleaning, and the sediment, stirred up and swallowed by the feeble ones, developed the disease.

My last case was in January, 1893—a child two years old, who had a hare lip. Dr. P. M. Doud and I operated on this lip with success, some eighteen months ago. I was called and found the cleft on each side covered with membrane, extending into the nostril. In this case I found no difficulty in reaching the membrane with the peroxide, and this is the first case in which I found a cleft palate any use. I gave the same treatment as above, and the child was on the road to recovery, when a large abscess developed on the left side of the neck and under the jaw. I opened it on the fourth day, and a large amount of pus escaped. I put the child on the sulphide of calcium, gr. $\frac{1}{10}$ every two hours. The recovery was rapid. Three little children in the family had the peroxide and iron treatment, but no other case occurred.

Oswego, N. Y. J. S. HOWARD, M.D.

Diphtheria, Treatment of, by Calomel.

Editor MEDICAL WORLD:—Losing two of my own children in one day, one by septic and the other by croupal termination, early warned me that more light must be sought in practical channels, by patient study.

The first point of information of value adopted by me was—that the mild chlorides in the various forms were antagonistic to diphtheria.

Soon after the disease appeared, chlorate potass., topically, and calomel internally, were freely used with benefit, carrying the latter to free catharsis. During the fifteen years following the onset of diphtheria, I continued to employ remedies, new and old, losing at least thirty per cent. of cases, until, after losing a hopeless case by the old methods in Atlantic county in 1869, I commenced applying the calomel by insufflation twice a day to the parts affected, and was gratified to see the patches melt away under its influence, while the systemic indications were correspondingly modified for the better. From that time, I have continued to rely upon this treatment, combining the mercury with boracic or salicylic acid in special cases, *i. e.*, in young children, or delicate constitutions, where, by adding minutely a finely levigated element, not obnoxious to the remedy, could, so to speak, spread it over the diseased surfaces, avoiding constitutional effects.

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In a few cases, I have seen free salivation result, but, in every such case, with an immediate yielding of the morbid conditions, followed by speedy recovery.

I have seldom used the chlorides more than two consecutive days together, and, in no instance, have found it necessary to repeat the insufflations more than three several times during the progress of the disease. Have also learned the great importance of an early connection with the case to cut short the attack. Further, that there is very slight danger from constitutional symptoms, so that you do not continue the remedy after the surfaces involved are clear of disease. In only one instance out of thirty or more cases, where I have employed the calomel topically, have I failed to break up the germs, and get the patient on his feet in two weeks.

In this case—a young man of 16 years—the efflorescence started in the posterior nares, traveling downwards to the trachea, involving finally the epiglottis. He was confined to the house three months. I applied the mercury in his case in three several stages with satisfaction each time, using about ten treatments of three to five grains each, continuing in some instances until the bowels were acted upon by the chloride.

His recovery was complete.

My experience with this agent has convinced me that an early appliance, with thoroughness, will be successful at any period anterior to general sepsis, or croupal complications arising. I have lost no cases, but should not expect recovery under the above condition.

Elwood, N. J. H. W. SMITH, M.D.

Diphtheria.

Editor MEDICAL WORLD:—A few remarks from a centre where diphtheria has been chronically epidemic for the last four or five years, may carry some force as to treatment. Diphtheria is, to my mind, a specific sewer-gas disease, and I believe will be found to have a bacillus almost identical with typhoid fever, the only difference being in the tissues or point of attack and development.

You never find this disease, except in isolated cases, where there is free ventilation and proper sanitary arrangements, so that the best preventive is cleanliness and fresh air. It is contagious, but not infectious until after death. The following line of treatment will generally cut short the disease to a few days, and, in my hands, has been more than simply successful. On being called, if the patient has not had the bowels freely opened, give a good dose of calomel, not only to clear the prima via, but as a germicide for the bacilli. Then take a solution of nitrate of silver, eighty grs. to the ounce, and, with a long brush, paint the throat and tonsils around the diphtheritic patches, and you will find you have arrested the progress of the disease, and you will not be troubled with any further *development* of the exudation and false membrane. Use every hour, in an atomizer, a $\frac{1}{2000}$ solution of hydrarg. bichlor. Give internally:

R. Tinct. ferri chlo.....fl. dram j
Potassæ chlor.....dram ss
Acid muriatici.....gtt x
Syr. zingiberis.....q. s. *ad.* fl. ounces ij
M. Signa.—One teaspoonful every three hours.

The strength must be kept up by beef tea and stimulants; I prefer *old port wine.* Milk must be avoided while taking the mixture for obvious reasons.

You should apply the argentum nitratis every day once as long as any patches remain.

JAS. WEBB BOOTH,
M.R.C.S., Eng.; L.S.A., London.
85 Main Street, Hartford, Conn.

Diphtheria.

Editor MEDICAL WORLD:—Diphtheria is nothing more or less than malignant tonsillitis—an epidemic and contagious sore throat of great severity, due to toxemia, attended with much prostration, and characterized by exudation of false membranes on the tonsils and adjacent structures. My treatment consists in confining the patient to the bed from the commencement and keeping the air of the room moist with:

R. Acidi carbol.....ounce 1
Ol. eucalypti.....ounces 2
Spts. turpent.....ounces 8
M. Sig.—Add one to two tablespoonfuls to one quart of water and keep it boiling constantly in the room where the patient is confined.

For internal medication, I use:

R. Tr. aconiti rad.....gtt. i-iv
Sodii salicylatis.....gr. x-xxx
Aquæ gaultheriæ.....fl. dram i
M. Sig.—Teaspoonful every hour.

In addition to these measures, I also spray the throat very frequently, when practicable, for some minutes by means of the hand atomizer, using the following:

R. Acidi carbol.
Tr. eucalypti.....aa minims x
Aquæ calcis.....ounce iv
M.

I consider this to be of great value, not only by its solvent action on the false membrane, but as a most efficient aid in reducing inflammation.

Where I find a child with slight membran and an enormous swelling of the glands below and behind the angles of the jaw, I am sure I have a *nasal* diphtheria, which shows there is direct poisoning from that locality. I immediately resort to nasal injections of:

R. Acidi carbol.
Tr. eucalypti.....aa drops iv
Aquæ calcis.....ounce i
M. Sig.—Use once every half hour. Inside of fifteen hours, I find a remarkable improvement.

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Alcohol is useful only in the later stages of the protracted cases and during convalescence. The prevalent custom of a free and early stimulation I believe to be injurious, and, in my opinion, often adds to the poison of the disease. Proper nutrition is highly necessary from the commencement, and I insist on my patients taking milk (sterilized), or milk and lime water with the addition of a little salt, freely and often, and where they cannot swallow, I resort to rectal alimentation. A large majority of cases die because of mismanagement, being left alone at dangerous periods, and being permitted to sleep for hours undisturbed. I do not allow a child to sleep during the critical period, either day or night, longer than one-half to one hour at a time. Children who are cross rarely ever die; the quiet ones go, generally.

During convalescence I pin my faith on iron, particularly *dialysed iron* in combination with alcohol. I believe it relieves the conditions of anemia and loss of nerve power which follow diphtheria. J. J. S. DOHERTY, M.D.

New Haven, Conn.

Acid Treatment of Diphtheria.

Editor MEDICAL WORLD:—Can the baccilli of any zymotic disease propagate in a system saturated with acetic acid?

So far my experience answers in the negative.

In diphtheria I find that the most malignant types in scrofulous patients are successfully treated by saturating the system, through inhalation, with dilute acetic acid.

Have used different methods to effect it. The steam atomizer, and by making a tent over the patient with a bed sheet, and by putting the patient with its nurse in a closed wardrobe, evaporating the acid contained in a basin, with a hot flatiron.

Inhalation seems to be the easiest and most certain way to saturate the system.

Have used the acid as an adjunct to the regular medication, always using destructives to the membrane and giving the internal remedies indicated.

If, on visiting a patient, I have found impeded respiration or other unfavorable symptoms, I have invariably found that the nurse had failed to keep up the inhalation of the acid, and when resumed, the breathing improved and the other bad symptoms disappeared.

In no case where the acid was used has it been followed by paralysis or other sequelæ of diphtheria.

Good vinegar contains from eight to ten per cent. of acetic acid. This is sufficiently strong for the purpose and is easily obtainable in every family.

This adjunct treatment makes hard work for the nurses, *but it saves lives.* I am certain from a record of nearly sixty cases, that some must have died but for the inhalation of the vaporized acid. The effect of the treatment is very variable. Some unpromising cases, at first sight, are relieved in twenty four hours, others last for eight or ten days; all recover.

The inhalation of the acid fumes must be pretty constant. A cessation of its use is immediately noticed by the observing physician. I do not believe the membranous deposit can extend to the bronchial tubes if this inhalation is kept up.

I wish some of the able microscopists who have so signally aided us in diagnosing and treating zymotic diseases would observe and report if any of these disease germs can be cultivated in a membrane containing acetic acid in any appreciable quantity. I think it impossible. If I am right we are one round higher on the ladder of progress. H. R. HOLMAN, M.D.

Sioux City, Iowa.

Diphtheria.

Editor MEDICAL WORLD:—This very formidable disease is seldom seen in its first stage, as its inception is very insidious. If seen in the first twenty-four or forty-eight hours of the disease, you will find but little, if any, *deep glandular* implications; but the mucous surface of the tonsils the seat of trouble. One or both tonsils will, at first, show a small patch of creamy colored membrane. The authors tells us to look for an ashy colored membrane, but I have not so seen it. (We are thankful for every thing given us by our leading medical minds; but I am now writing from experience and I shall tell it just as I have seen it.) The membrane first becomes yellow, then assuming a darker shade until it becomes quite brown, which color is usually reached by the fourth day. The membrane will now (on the fourth day) begin to break up and will suppurate and slough, proving more or less destructive to tonsillar and pharyngeal structures. From the inception to this stage there is more or less pyrexia, according as your case is of a sthenic or asthenic type. The attack may be ushered in with a decided rigor, followed by moderate rise of temperature. Where the disease is of mild type your little patient will complain much of *"sore throat."* If you have a malignant, or *even less severe* case, but little complaint will be rendered, the intensity of the poison tending to destroy sensibility. After the stage of suppuration is reached, the lymphatic vessels become involved to a

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greater or less degree. Vomiting is common in first stage

Prevention.—Let me write this phrase! *"Perfect Sanitation."* A good prophylaxis in my hands, is the chlorine mixture, and tr. ferri iodidi, by both gargling, and injection. Some authors have said, "don't let you children play with cats." Think of it!

Treatment.—Like Dr. Waugh, I must say of this enemy that I respect his prowess and acknowledge my inability to cope with him as I would wish.

First of all, is to render the tonsils clean, and aseptic; and this I do with a saturated solution of potassium permanganate, applied by means of a soft cotton applicator. Secondly, keep the temperature down as nearly normal as possible. This I do with tr. aconite. Thirdly, I blister the skin over either tonsil. Last, but not least, is to tone up and support your patient.

I cannot dispense with the use of quinine sulphate internally, if my patient is old enough to inject and retain; if not by innunction.

Stimulation is best accomplished by brandy.

Graysville, Ind. E. J. YAGER, M.D.

Diphtheria.

Editor MEDICAL WORLD:—Some three years ago, in the fall, we had the diphtheria in this part of Nebraska. I had sixteen cases along one small creek. There had been much wet weather, a great deal more than usual for the time of year. The causation I attributed to malaria, there being an unusual amount of vegetable matter rotting, and the land along the creek being an old herd ground for years, the creek had become a bed of muck and filth, which, being stirred up, contributed its share also. The cases all had a temperature ranging from 101 to 103½, with occasional delirium; skin hot and dry, pulse rapid, breath fetid, and membrane present in all, of a grayish color. Now, as to treatment: I begin by giving a dose of calomel and rhubarb, according to age, to clear out the alimentary canal of all effete matter. I give, gelsemium to reduce the febrile disturbance. After the physic operates on the bowels, I then use the following:

R. Potass. chlor.....dram j
Tr. ferri chloridi.....drams ij
Glycerinæ.....ounce j
Aquæ puræ., qs. to. make a four ounce solution
M. Sig.—Teaspoonful every two to four hours.

I also use a strong solution of the iron with a few drops of carbolic acid in the same, and mop out the throat two or three times a day, and I keep this up until the membrane ceases to form. I give quinine all through the disease every two to four hours. So far, I have never lost a case from this treatment.

Adams, Neb. J. M. WATERS, M.D.

Treatment of Diphtheria.

Editor MEDICAL WORLD:—In nearly every journal one takes up there is a new treatment for diphtheria. This, of course, signifies that no fully satisfactory treatment has yet been found, but with all the workers there are constantly being gleaned new facts, which being put together may ultimately result in a knowledge which will materially decrease the present high death rate from this disease.

Dr. Abbott, in the *International Medical Magazine*, for January, 1893, shows that there is more than one form of diphtheria, the one having the Klebs-Loeffler bacillus, and other forms having only streptococci in the membrane. There seems now to be no question but that both of these forms are contagious. Then the question comes up, is not the disease among fowls, sometimes called "roup," contagious to man, and a source of much of the disease? May not all membranous throat troubles be contagious, more or less, according to the germ present in the membrane?

In the treatment of the disease four things are necessary: the destruction of the germ in the membrane, the disinfection of the respiratory passages, the keeping up of the strength of the patient, and the elimination of the toxines absorbed by the system. To accomplish the first, the removal of the membrane is tried either with a brush or with caustics; this leaves a raw surface all the more ready to form a resting place for the bacilli in the saliva and nasal passages. What is wanted is a painless solvent of the membrane that will leave the epithelium intact. It seems that a spray of dilute chloroform might do this, say:

R. Chloroform.....fl. dr. j
Boracic acid.....dr. j
Aqua.....oz. iv

Chloroform is a solvent of albumens, and would consequently dissolve the membrane. When one's nose is filled with the mucus of chronic catarrh, such a spray as the above will dissolve it in a few minutes and leave clear nasal passages. The chloroform being chemically, $C H Cl_3$ and having such a large proportion of chlorine, is thoroughly antiseptic, and would thus, by dissolving the membrane, reach the bacilli, which are situated between the membrane and the epithelium, these bacteria seeming to cover themselves with a coat of mail while they are doing their deadly work. This spray is also cooling and pleasant to the taste.

For the tonic treatment each physician has his own method, but of the alcoholic stimulants champagne is a form which children will take more readily than any other. Of the medicines used with the idea that they are to a certain extent specifics, the salts of mercury and potas-

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sium are probably the most common. Of these mercury is unquestionably a decided depressant; the disease is terribly so. The principal advocates of mercury say that it must be given almost to salivation. May not the good, then, that results from this treatment come from the constant excretion of mercury in the saliva? The salts of potassium have been found to produce nephritis. This, in connection with the fact that the kidneys are needed to help excrete the poison of the disease, does not speak in favor of it.

In Dr. H. C. Wood's work on therapeutics he says under the subject of turpentine: "The turpentine escapes from the body through the lungs and kidneys, imparting its own odor to the breath and that of violets to the urine." He further says: "When moderate doses (ten drops every three hours) of turpentine are taken, there are usually no renal symptoms produced, except a slight increase in the urine." This dose is, of course, for an adult. Turpentine is isomeric with the oil of lemon; Burggreave recommends the oil of lemon for swabbing the membrane in diphtheria.

Now, why can not the oil of turpentine be rubbed into the skin over the carotid, the submaxillary and the cervical glands. Being an oil it would be quickly absorbed, the cervical glands would take it into the system, while the salivary glands would excrete it into the mouth. A very small amount might also be given internally; then we would have this antiseptic material constantly excreted into the mouth and the vapor permeating the respiratory passages from the lungs. A constant mild antisepsis is better than an occasional strong antiseptic wash administered imperfectly and under difficulties. The turpentine would increase the flow of urine and thus help excretion, although turpentine should not be used for this purpose alone. If either of the chlorides of mercury were being given internally, it might not do to use turpentine, as a chemical combination would take place, forming mono or di-hydrochloride of turpentine. Also with chloride of lime it would form chloroform, the quantity of which would not be known.

It will be seen that the endeavor has not been here to give an account of a well-tried treatment, but to synthetically form a treatment that will be tried at the first opportunity.

CASSIUS.

Philadelphia, Pa.

Dr. A. C. Wentz, of Hanover, Pa., writes us as follows: "I find many valuable, instructive, *practical* points in your journal, and consider it an *indispensible* medium for the exchange of medical advice *sought* and *given*."

Sudden Death from Pulmonary Congestion.

Editor MEDICAL WORLD:—A most pecular case to me has recently come to light, through the autopsy, which may be of a sufficient interest to report.

A man about forty years old, who had never been sick in his life, suddenly fell dead in a room adjoining one of our stores, a few days ago. For an hour or more previous he had been sitting in the store apparently in his usual health, chatting with various people who noticed nothing unusual about him. As he walked into the adjoining room he was noticed to stagger. A few minutes later he was found on the floor unconscious, and in ten minutes more he was dead. This was the whole history. The case went to the coroner, and the following day I was called by him to make an autopsy, which I did in his presence and in the presence of another physician; a man of large experience, who, I am sure, will vouch for the truth of the following statement.

I had peculiar interest in the case, as less than six months ago I had examined the man for life insurance and pronounced him sound and a good risk.

From the symptoms, so far as we could obtain them from those who last saw the man alive, we expected to find the cause of death either in the heart or brain. And I confess it was with no little satisfaction that I found the heart perfect in each and every particular. The stomach contained about six ounces of fluid, but no solid matter whatever. This I ligated above and below and removed it for future reference, if necessary. I then removed the liver and kidneys, which appeared perfectly healthy, as did all the other abdominal viscera.

Feeling pretty sure that we should find the cause of death in the cranium, I next removed the skull cap and took out the brain, only to find it healthy also.

The lungs had not been thought of, and here seemed to be our last hope of finding that for which we were looking, and here we found it. On removing the lungs both were found in a state of complete hyperemia. So complete, in fact, was the congestion, that I was unable to find a corner anywhere by which I could give the coroner (who was not a medical man), an idea of how normal lung tissue should look.

This was now about a month ago and during that time I have been diligently searching to find in medical literature the description of a similiar condition, and all that I am able to find is that "Pulmonary hyperemia is one of the causes of sudden death."

I feel confident that the condition is not an ordinary one. If any reader of the WORLD

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has seen a similar case I should be glad to hear from him.

Mr. Editor, I have not before burdened the columns of your journal, as I have chosen rather to hear from others than to be heard from. Still, I have always had a sort of brotherly feeling for THE WORLD, as it started out on its career just as I entered the practice of medicine. The first sample copies were given in the college lecture room just before I graduated. I think I have read every number since and have got many valuable hints from it. I wish you every success. WM. J. FORD, M.D.

Washington, Conn.

For Laryngeal Cough.

Editor MEDICAL WORLD:—Let me give to the readers of your journal a formula for laryngeal coughs, so common this time of the year:

R. Ext. yerbæ santæ.....fl. oz. j
Ol. picis. liq.....dr. j
Glycerine.....q. s. oz. ij
M. Sig.—Dr. 1 ever hour or two as required.

For those who are broken down and need a tonic, malto yerbine is useful if patient can pay for it. O. W. H. GLOVER, M.D.

Laurelton, Pa.

Diphtheria.—Chapped Hands.—(Formula).

Editor MEDICAL WORLD:—I give you a treatment for diphtheria which, if taken in time, I have never known to fail, and have known of its being used in severe cases of the so-called malignant form.

The treatment is somewhat of the *heroic* type. Take equal parts of hard wood ashes and fine salt, and put into a bag of sufficient length to reach from ear to ear—say six or seven inches long, and about one inch and a half or so in diameter.

Dip this in hot water and place it on the throat, repeating as often as it dries, and continue until it draws a blister, or as near to that as the patient can easily bear; then take flannels folded, dip them into spirits of camphor and apply instead, repeating the camphor, if necessary.

Meanwhile, if the patient is able to swallow, get down as much *strong sage tea* as possible.

If very weak, and anything of a stimulating or tonic nature is needed in addition, the physician can look after that.

The philosophy of the above treatment is in drawing the poison to the surface, and then scattering it away from the throat.

I have never known of any bad effects following this treatment, which is more than can be said of many. I know of one lady that was pronounced by a council of eminent physicians, as being beyond human help, that was restored to health by this treatment, alone.

The following treatment has worked excellently also, and in some severe cases:

R. Pot. chlor. .....dram ij.
Ac. hydrochlor. (strong) .....mxvl.
Aquæ,
Syr. Simp.....aa q. s. ad ounce iv.
M. Sig.—Teaspoonful every other hour, alternating with the following:

R. Tr. ferri chloridi.....dram j.
Pot. chloritis.....dram ss.
Syr. simp.....ounce ss.
Aquæ puræ, q.s. .....ad, ounces ij.
M. Sig.—Teaspoonful every alternate hour.

Tr. ferri chlor. ac. carbol. and argent nitrate may be used in addition as local applications, if the urgency of the case requires.

In the above perscriptions the acid hydrochlor. is to be added *cautiously* to the pot. chlor. in a STOUT bottle and the water and syr. are added slowly with gentle agitation.

The following was the treatment of Dr. E. S. Gaillard, deceased, and for which he received the honor of having written the *prize essay* on the subject:

R. Pot. chloratis. ..... dram j.
Tinct. ferri mur.
Acidi mur.....aa dram ij.
Aquæ..... ounce xij.
M. Sig.—Two tablespoonsfuls for an adult every hour, *diminished to one or two doses during the night.*

R. Quininæ sulph. in tonic doses, thrice daily.
R. Kennedy's ext. pinus canadensis fl. ounce j.
Acidi carbol.....gtt. xv.
M. And apply to affected tonsils and pharynx, after each dose of above solution, with brush or probang.

For diet, milk, soup and liquids, alcoholics if necessary, according to anemia and asthenia. Said to be "almost a specific."

I also add a recipe for "chapped hands," which I consider *better* than any I have ever found:

R. Plumbi acetatis .....grs. xij.
Glycerinæ.
Aquæ..... aa ounces ij
Ol. anisi..... gtt. ij
M. Sig.—Use externally.

Lowell, Mass. L. W. FRINK.

Masturbation.

Editor MEDICAL WORLD:—I notice in the February number of THE MEDICAL WORLD, on page 64, an inquiry from J. L. Smith, M.D., Oxford, Ark., asking some "pointers" on the treatment of masturbation. If the doctor will try f. e. salix nigra (aments or buds) in teaspoonful doses three times a day I think his patient will improve rapidly.

Macy, Tex. JAMES M. BARLOW, M.D.

THE *American Practitioner and News* says of "The Physician as a Business Man:" "It can hardly be doubted that the business success of the author entitles him to be heard on the business questions the doctor has to meet in the pursuit of his profession. * * * It contains much information and many suggestions of value. Most physicians of the better class, scientifically speaking, could hardly fail to profit by its perusal."

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The Cure of Chronic Endo-Metritis.

Editor MEDICAL WORLD:—The current treatment of this disease by the application of powerful escharotics or the destruction of the uterine mucous membrane by the sharp curette, as practiced by the most eminent gynecologists, is, to say the least, a failure.

The uterine mucous membrane invests the internal surface and lines the interior of the numerous follicles, the orifices of which open into its cavity. In chronic endo-metritis its whole extent is inflamed.

The application of an escharotic to this membrane promptly destroys whatever part it touches and instantly seals up the mouths of the tubular follicles, thus preventing its own ingress to the inflamed tissues lining their interior.

Nature's method of keeping the chronic inflammation under consideration in check is by pouring from the inflamed surfaces a clear, glairy, albuminous fluid. Of course this palliative excretion ceases from the cauterized surfaces for the time being; but it continues to be excreted by the inflamed tissues lining the follicles. As it cannot escape freely, the uterine mucous membrane swells, the inflammatory action is intensified, and the patient's sufferings are increased for several days, relief being obtained only when the sloughs separate and the leucorrheal discharge is again permitted to escape.

When the destroyed membrane has been reproduced the inflammation spreads to the new tissue from the diseased membrane lining the follicles and the sufferer is no better, if not worse.

In attempting the cure of chronic endo-metritis the whole of the diseased membrane must be destroyed to obliterate every speck of inflammation. If this be done, a new and healthier membrane will be developed in a few days and the dead tissue will exfoliate. These indications for treatment can be accomplished by the solution of the sub-sulphate of iron, solidified.

Proceed as follows: Saturate with strong glue, a yard or two of twine, stretch it between two points until dry. Cut it into pieces about three inches in length; these are very stiff and serve admirably when coated with the solidified sub-sulphate to carry it into the uterus, where both the remedy and the glue quickly melt.

Prepare the Monsel's solution thus: Gently warm with constant stirring two or three drachms until it dries to a tough mass; of this take about eight grains and mould it about one end of a bit of the glued twine, covering about one and a quarter inches; roll it smooth; dip the medicated part in melted paraffin, and it is ready for use.

If the endo-metritis be limited to the cervix, pass the pencil up to the internal os; or to the fundus, if the membrane lining the body be diseased; place a tampon of cotton against the os and the treatment is complete.

The astringent ferric sub-sulphate quickly melts, covers every part of the diseased membrane, fills the follicles and promptly obliterates every trace of inflammation. If any pain be caused it arises from the introduction of the pencil; the remedy itself is not only painless but shortly affords the patient marked relief. I have repeatedly observed wearing pelvic pains that had annoyed patients for months pass away in an hour after an application of the remedy here advocated.

To obtain the best results, effective local treatment must be combined with measures adapted to remove anemia and to improve the general nutrition. These indications are admirably fulfilled by the liquid extract galega vera, a remedy I have used daily with great satisfaction for several years. A dose should be given after meals and some gentle vegetable laxative before retiring for the night.

Very curiously the tonic virtues of this remedy are not effectively developed unless some laxative be used; this point must, however, be treated in another short article. Used in the manner here indicated it is better than quinine or other bitters to improve the appetite, and it increases the weight of lean folks more quickly than cod-liver oil or any of its preparations. It is very much the best tissue builder of which I have any knowledge.

DAVID WARK, M.D.
306 West 35th St., New York City, N. Y.

[*Galega Vera* is known in the United States Dispensatory as *Galega Officinalis*, or goat's rue. It is a perennial herb, growing in Southern Europe, and sometimes cultivated in gardens. The leaves are the parts used. Upon correspondence with Dr. Wark, he informs us that it can be found through the general drug trade.—ED.]

Dosimetric Treatment of Diphtheria.

Editor MEDICAL WORLD:—I wish to place before the readers of the MEDICAL WORLD the dosimetric method of treatment, of diphtheria, as taught by the memorable Prof. Dr. Burggraeve, of Ghent.

Diphtheria is supposed to have its origin in two ways. First: General infection (malignant form); in this the micrococcus diphtheriæ invades the whole system first before its local deposits are perceived. Second: Localization (benign form); the disease remains local, the system being stronger than the diphtheritic poison it thereby overpowers it, or the poison is more powerful

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than the economy, and invades the system after first becoming localized.

We should begin treatment as soon as we suspect diphtheria, as before localization we have prostration, fever, etc. Then begin using the dosimetric specific.

Treatment.—Dominant (period of invasion), or cause of disease.

Transient (period exudation and sequelæ), or symptoms of disease.

We can combine both together in this disease, into local and internal treatment. Dr. P. A. Fontaine was the first physician to lay great stress on the powerful effect of sulphide of calcium. It paralyzes or kills the micrococcus diphtheria.

Give the granule (one-sixth grain), two to four granules every fifteen minutes until the breath, skin and feces emit the odor of sulphuretted hydrogen. If the child is too young to swallow, dissolve in a little water as directed.

Fever.—Aconitine, veratine and digitaline, one granule of each every fifteen minutes to half hour, according to temperature. When temperature becomes normal give two granules of quinine hydroferrocyanate every hour.

Prostration.—Caffeine and ars. strychnine every hour, one granule of each; also brandy, whisky or wines.

Local applications.—Spray the throat, (hand atomizer), every half hour with lemon juice one hour, next hour with peroxide of hydrogen. Dilute half with water.

The following mixture, one tablespoonful to a pint of water, to be kept boiling continually in the sick room:

R. Acid carbol.
Ol. eucalyptus ..... aa ounce j
Ol. turpentine ..... ounces vj
M. Sig.—As directed.

In the beginning of treatment I give six one-sixth grain granules of calomel, to be followed in one hour with one tablespoonful of Seidlitz salt, and continue giving one teaspoonful of the Seidlitz dissolved in milk three times daily.

DR. M. NEUMANN,
Secretary Therapeutical Society,
217 Turk St., San Francisco, Cal.

Apomorphine in Membranous Croup, Hysteria and Delirium Tremens.

Editor MEDICAL WORLD:—In reply to Dr. Lide, page 22, January WORLD, I would say that I regard membranous croup as almost identical with laryngeal diphtheria, although, in some cases, it may be found without any previous throat trouble or constitutional disturbance.

In the treatment of diphtheria I use perchloride of mercury internally in medium doses every four hours until it is contra-indicated. Locally, I use peroxide of hydrogen, with or without chlorate of potash in solution, to be applied with an atomizer every fifteen to thirty minutes, or it may be applied with a loose mop of absorbent cotton, or as a gargle. I occasionally allow turpentine or sulphur to be used in the old fashioned way, also fat pork applied around the front of the neck, with or without salt and pepper. When the throat becomes excessively tender, I find either zymocide or a weak solution of carbolic acid a comforting gargle immediately after the above curative measures.

But words fail to express the chagrin and horror experienced by the physician when he hears the characteristic hoarse bark of one of his little patients just about the time he had expected him to make a start toward recovery. To me such a sound has always been like a funeral knell, for under such circumstances we surely have case of membranous croup. In such a case I employ steam, medicated with oil of eucalyptus or of turpentine. If practicable I use a steam atomizer; otherwise I erect a tent over the bed of the patient, and use hot stones or irons to generate steam, if the following measures do not prove successful: As soon as I am satisfied that the larynx is involved I use apomorphine hypodermically in doses ranging from $\frac{1}{10}$ to $\frac{1}{40}$ grain, until the patient vomits and is generally relaxed. This measure may be repeated as often as required to maintain the relaxed condition.

If the case be too far away for me to use the injection, I depend upon turpeth mineral, which is only inferior to apomorphine for the purpose.

While I do not claim the above to be a sure cure, I am convinced that it has been *very useful* in my hands in these cases. If any of THE WORLD "family" should happen on a case of hysteria or delerium tremens in which the patient is entirely unreasonable and insists upon dashing his head against any object he comes across, and persists in acting in an outlandish manner, generally, let the doctor try a hypodermic of apomorphine sufficient to make the patient feel "so sick," and both doctor and friends will be astonished to see how quickly reason will be restored.

I may say that I have never seen anything in any medical journal in reference to this use of apomorphine in membranous croup or delirium tremens. Try it, gentlemen, and report.

EDW. F. HIXON, M.D.
Vancouver, Wash.

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Impotency.—A Case.

Editor MEDICAL WORLD:—J. C. C., age 48, widower, has been entirely impotent for two years. His health good in all other respects. He complains of the sexual organs being cold all the time. Has been treated by many good physicians, as well as by several quacks. One of the most prominent surgeons of Kentucky told him he could not be benefited and refused to take the case. I didn't give him much encouragment, but told him I would take the case if he would agree to continue the treatment three months. He agreed to that, and I put him under treatment, with what result, I will let him tell in his own way:

"Dear Doctor: I write to thank you for the great benefit I received from your treatment. I commenced your treatment in May and at this time (Sept. 1st), I feel that I am fully restored to the vigor of youth. I was totally impotent for two years. Thankfully yours, J. J. C."

And to cap the climax, he got married!

Treatment.—The elixir of life for him was simply this and nothing more.

R. Tr. nux vom .....dram ij
Tr capsicum .....ounce ss
Tr. gent. co .....ounce i
Aquæ .....qs. ad. ounce vi
M Sig.—Dram i thr e times a day

Also one laxative pill at bed time to relieve constipation. Also appropriate hygienic, and dietic advice.

Three months' treatment did the work.

Wabash, Ind. DR. OREN ONEAL.

Caruncles.—Polypus.

Editor MEDICAL WORLD:—In answer to Dr. Ward's inquiry in February WORLD, I would say that the small vascular growth in the urethra seems to be a *urethral caruncle*, and the proper treatment is to remove it. The *modus operandi* is as follows: Give chloroform, dilate the urethra, seize the growth with a small pair of forceps and draw it towards you; then with scissors sever it close to the mucus membrane, cutting gradually upwards. Hemorrhage is rather free at first, but it may be controlled by compressing the bleeding part under the pubic arch. When all bleeding is stopped, cauterize the base with nitric acid. When this is done, use a solution of carbonate of soda to neutralize the acid. If the patient complains of great pain use a 10 per cent. solution of cocaine on batting and introduce it into the canal. After this operation, sometimes, urine cannot be voided, so a soft rubber catheter may have to be used for two or three days.

When once removed properly these growths never return.

Dr. Tyne's case of *Polypus*.—The removal of this can be usually accomplished by Wilde's snare. The loop of the snare is passed in and around the pedicle of the polypus and the loop withdrawn which cuts off the polypus. The ear is then syringed out, and the base of the polypus cauterized with nitrate of silver. If the growth be of large size, a second introduction of the snare may be necessary. If bleeding be excessive, it can be usually checked by means of a tampon. The application of cocaine makes the operation comparatively painless.

Slayton, Minn. H. MORELL, M.D., C.M.

Painless Extraction of Teeth.—(Formula.)

Editor MEDICAL WORLD:—In glancing over the "Quiz" department of the WORLD I see that Dr. DeKay asks for a recipe of "Odontunder," the much advertised local anaesthetic for painless extraction of teeth. The following has been given me as the result of a correct analysis of the compound:

R. Acid carbolici.
Tr. iodi.....aa dram ss
P. t. iodidi.....grain j
Glycerinæ .....ounce ij
Aquæ.....ounce ij ss
M. To every ounce of the mixture, add cocaine grains 7½

This, as has been said, has been used quite extensively in the extraction of teeth, but its efficacy is rather doubtful, and very often sloughing follows its use.

For myself, I have never used the above, but speak solely upon what the patient has told me and from what I have seen.

Detroit, Mich. A. W. DIACK, D.D.S.

Chilblains.

Editor MEDICAL WORLD:—If J. H. Connor, M.D., page 62, will use the following (neuralgia) liniment, I think he will be much pleased. It is the best remedy I have ever found for chilblains:

R. Mentholis.
Ol. sass fras.
Ol. origani.....a a ounce j
Ol. cajeputi.....ounce ss
A'cohol.....oj
M. and bathe thoroughly twice daily.

York Village, Me. A. W. SMITH, M.D.

For Frosted Feet.

Editor MEDICAL WORLD:—I think the enclosed recipe for frosted feet should be published again. It is a most excellent thing and relieves the intense itching as quickly and perfectly as opium does pain.

R. Acid carbolic .....dram j.
Tr. iodine.....dram ij.
Tannic acid .....dram j.
Simple ointment .....ounce iv.
Apply two to three times a day.

Woodstock, Va. W. S. CLINE.

[We have used balsam of copabia with most excellent effect.—ED.]

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Editor MEDICAL WORLD:—Did it ever occur to you that doctors are the poorest paid men in the world, if they stick to the usage of the profession. Base ball, merchandise, anything almost, will command ready pay, whilst the doctor is allowed to stand out in the cold. They, it is true, are important to the sick, but the sickness over, how illy are they requited. I don't speak of the very poor, for when they need our services, they should have them, pay or no pay, but even the rich are willing to let the doctor starve. DR. GEO. H. KEYSER,

2 Miller St., Pittsburg, Pa.

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Re-registration.

Editor MEDICAL WORLD:—A physician who was registered in this county, left for six years, then returned. Is it necessary to register again?

SUB.

[We think it not necessary.—ED.]

Bleaching Bones.

Editor MEDICAL WORLD:—Will some of the WORLD readers, give me the best method of bleaching bones?

N. M. HENDRICKS, M.D.

Keedysville, Md.

Spinal Curvature?

Editor MEDICAL WORLD:—I am interested in a case where there is a bending or leaning to the right of the 2d, 3d and 4th spinous processes of the lumbar vertebræ.

The appearance is that of a slight right lateral curvature of the spine.

But there is no curvature or distortion of the bodies of the vertebræ. Has any of the Editorial staff or friends of THE MEDICAL WORLD ever seen similar cases, that were not caused by disease? J. C. BATESON, M.D.

Hollisterville, Pa.

Diagnosis Wanted.

Editor MEDICAL WORLD:—I ask the opinion of my fellow physicians, through the columns of the WORLD, on the following case:—

Mr. H. H., aged 35, dark complexioned, good physique, was taken, first eleven years ago, with constipation, followed, in a day or two, with a feeling of lassitude accompanied by very severe headache just over the temporal region. After about twelve hours' suffering (the last time he almost became frantic) he vomits about a pint of gall-like fluid, and immediately becomes easier, and in a day or two is able to resume work. A number of physicians have attended this case (myself among the number), but up to date, all that has been gained is only a temporary relief.

There is no tumor or tenderness in the region of the gall bladder. The bowels act properly at all other times, and the general health is good. Family history is also good, with the exception that the patient's mother is visited occasionally with similar attacks. His attacks return almost regularly, once a month.

UTAH, M.D.

Dribbling of Urine.

Editor MEDICAL WORLD:—I would ask the profession for treatment for a case of dribbling of urine in a man of 52 years. It is not caused by distention of bladder, but apparently by a relaxation of sphincter vesicæ. Every few weeks it will start by two or three drops at a time, making a disagreeable feeling. The patient is subject to rheumatism. F. SCHERER, M.D.

Pittsburg, Pa.

[We suggest faradic applications every day or every other day. Let the patient sit upon a wet sponge connected with one pole of the battery and place the other over the pubes. Use a pleasant current and reverse several times during the treatment. Also apply the negative to the spine, especially the lumbar region, positive at the base of the spine. Treatments may last fifteen to twenty minutes.—ED.]

Facial Paralysis, Possibly Caused by Glandular Tumor.

Editor MEDICAL WORLD:—I appeal to you for counsel.

I have a case of unilateral facial paralysis, first attack, four years ago, responded to treatment administered by his family physician, the attack coming on while covering a house in February, very cold. Last summer it returned, been treated about three months, with no results. Patient just now applying to me. My treatment will be strychnine and electricity, massage, etc. But I wish your attention called to the parotid gland, which I find twice as large as a merry ball and very hard, not yielding to pressure. It is easily movable under the skin.

I say parotid gland; any way the tumor is at the angle of the jaw and directly beneath the ear. Is the tumor the cause of paralysis?

Would it be advisable to remove the tumor

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(which is a benign tumor appearing at the age of about 15, patient now 43)? Tumor has never caused any interference unless the cause of paralysis. Of course we are taught, as a rule, that removing the parotid glands produces facial paralysis. The symtoms show plainly the lesion to be external to masteid foramen, altogether peripheral in origin.

Must I expect to cure the case with appropriate treatment, or must I remove the tumor with a probability of severing or injuring the nerve, resulting in a more permanent paralysis?

Terre Haute, Ill. J. S. CANNON, M.D.

Periodical Griping Pains in Abdomen.—Diarrhea. Diagnosis and Treatment Wanted.

Editor MEDICAL WORLD:—About one year ago, I found each morning that my bowels were very loose, but as I was not troubled after the first stool in the morning, I did not pay any particular attention to the matter for a month or so; then becoming worse, passages more frequent, with colic and soreness over abdomen, commenced treatment by taking a dose of castor oil, following it with camphor and opium. Regulated diet, excluding starch and fats. As no improvement took place, tried small doses of calomel and ipecac; afterwards, arsenite of copper, also pepsin and bismuth, but nothing seemed to benefit me much. Appetite became very poor, with almost constant nausea. After three doctors and myself had exhausted our skill on the case for about three months, I went to the coast, where my appetite became better, and condition improved generally somewhat, but have never regained my health. Stools are sometimes clay-colored and occasionally golden yellow; always thin, never having proper consistency; always have more or less griping pains in abdomen, *especially during the afternoon.* There is no history of malaria, but I have taken quinine. Have tried turpentine, nitro-muriatic acid, Hartshorn's bowel corrective (consisting of podophyllin, baptisin, leptandrin and myricin with bismuth sub carb.), aromatics for griping, with hot water to abdomen. My tongue seldom gets coated, but is usually very red. There is considerable dyspepsia at times. My diet now consists mostly of meat, eggs, and boiled milk, and some celery. During the last three months have tried salol, also sulpho-carbolate of zinc. Think their use helped, somewhat, the griping pains, but only during the time I was taking them. About six weeks ago commenced to have considerable pain under and around right shoulder blade, and eyes showed a very decided tinge of yellow. Took some small doses of calomel and ipecac, followed by teaspoonful doses of phosphate of soda, but very little improvement seems to take place. Walking seems to always bring on griping. If any of my professional brethren can, and will, give me any suggestions as to the cause of, and remedy for, my condition, I shall be very much obliged to them.

H.

Diagnosis and Treatment Wanted.

Editor MEDICAL WORLD:—I was called to see a man about four weeks ago suffering with chills and aches all over the body, but most severe pain was in head and back. This condition had been present about eight hours, but he had not been well for about a month, the appetite being poor and the bowels constipated. When I saw him the pulse was ninety-five and the temperature 100°. His tongue was covered with a brownish white coating and his breath was fetid. He could not breathe well through the nose, and said his head felt as if it was going to beal in the nasal chamber. The urine was scanty and high colored. In three days the temperature and pulse became normal and have remained so until the present. About the fourth day a discharge of blood and pus came from the nose, and still continues somewhat. He had been using "Dobell's solution" to wash nasal passages. When the discharge began the patient would get sick at the stomach and vomit four to six times a day, accompanied by vertigo. The vomited water was bitter and yellow. He got so weak that he could not sit up or hardly turn in bed. He had no appetite, but could take buttermilk. He now has no pains or tenderness in any part of the body and can sit up about an hour a day. He has, however, had more bleeding for four or five days at short intervals, for which I had to use styptics. His tongue is nearly clean, except some white coating in the centre. No desire to eat anything. My treatment has been as follows:

R. Hydrarg chlor. mit.....gr. xxiv.
Pulv. rhei .....gr. xvi.
Ext. hycosyami .....gr. iv.
M. ft. charta No. viii.
S.—One every four hours.

R. Pil. Quinin sulph. No. xii.
S.—Three pills every three hours.

R. Phenacetin.
Antikamnia .....aa dram ss
M. ft charta No. 8.
S.—One powder every three hours with the pills.

This relieved all the aches and pains and acted on the bowels freely. I have since occasionally given a compound cathartic pill at night to keep the bowels regular. The sixth day, the urine being scanty and with frequent desire to urinate, I gave the following, which gave him entire relief in twenty four hours:

R. Potass. acetate.....drams. i
Tinct. uva ursi
Tinct. buchu
Lithiated hydrangea.....aa ounce i
M. S.—Teaspoonful every three or four hours.

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He has also at times been taking teaspoonful doses of port wine four or five times a day with a little water, and has been taking the following two preparations, alternating them every two days:

℞ Tinct. nux vomicæ.....drams i
Tinct. cinchona co
Tinct. gentian co.....aa ounce ss
Elix lactopeptin.....q s ounces iv
M. S.—Teaspoonful every four hours.

℞ Bismuth subnit.....drams ss
Pulv hydrastis.....grains vi
Royal pepsin co.....drams i
M. ft. chart No xii
S.—One every four hours.

What has been the trouble?

Would be glad to have a diagnosis, also treatment, if different from what I have given.

A. B. MERCER, M.D.

New Cumberland, W. Va.

What Was It?

Editor MEDICAL WORLD:—C. E., boy, age 7, health previously good, thought by the parents to have quinsy. The case commenced with symptoms of an ordinary cold, with croupy cough. I found him with temperature 99° F., pulse 120, and stridulous breathing. The expectoration, which was slight, was of glairy mucus. No exudation to be seen. Dyspnea marked. I gave an emetic of honey and alum, followed with quinine, grains four every four hours, until eight doses were given. Carbolized steam was also used by inhalation. On the second day the child was reported as being much better, except the voice. Third day, still better, able to play about the room. Fourth day, not so well. The fifth day I was again sent for (the patient being three miles in country). I found my little patient in a desperate condition. Lips blue, breathing more croupy than ever, would speak and cry in whisper, the head was thrown back, there was contraction of the lower part of the chest, and depression of the soft parts above the clavicle.

The epigastrium was extremely depressed, the nostrils were dilated. There was restless tossing of limbs and the extremities were cold. The patient remained in this condition for forty-eight hours, first a little better, then worse again. The disease seemed to advance, and on the morning of the eighth day it was complicated with pneumonia. The temperature for the first time reached 100° F., in the afternoon, 101.5°. There was no patch in the throat, no difficulty of swallowing, no false membrane vomited. Death occurred at 11, at night. My treatment was in general symptomatic as above, followed with:

℞ Syr. squills
Syr. tolu.....aa ounce ss
Am. ar. spt.
Opii camp tr.....aa dram s i
M. 20 drops every one or two hours together with some chloride of potassum.

Emetics had no effect as the child could not vomit after the fourth day. The main part of my treatment was to husband the strength of the patient, and meet symptoms as they arose. My diagnosis at first was acute laryngitis. But there is a question in my mind. I want to hear from the WORLD'S *family* as to diagnosis and treatment. N. M. SPRADLEY, M.D.

Selvin, Ind.

Granulation of Eyelids.—Rupture.—Diphtheria.

Editor MEDICAL WORLD:—Will some of the brethren give us the treatment for granulation of eyelids? I have tried blue stone, cocaine, calomel, bismuth, and hot water, but without good result. I want something that will stop the growths. Please give full details of treatment.

What do they use to inject in case of rupture? If there is any specific, let it be known. Is it iodine tr. or C. P. carbolic acid? Who will tell?

I want to know the best means to employ to get rid of the false membrane in diphtheria? Lime will not do it, neither will turpeth mineral. Nothing seems to do any good with me except to keep the fever down and give the child very hot water to drink, and keep it drinking until the water alone vomits, but I want a better method of treatment.

Ness City, Kan. T. HAWKINS, M.D.

Is It a Coincidence Merely?

A reader of this journal presents to us the following observations:

All vegetable remedies that have a sedativ action on the brain bear *blue* blossoms.

All that affect the hemato-poietic system, and that excite nerve-action and increase conges tions, bear *red* blossoms.

All that act specifically upon the liver bear yellow blossoms.

He further suggest that there may be som connection between these observations and the thermal and electric rays of the sun.

A reader suggests the fact that upon certain persons the administration of salts produce hard, dry, *crystalline* stools, and inquires why. Have others observed the same thing? If so, let us hear their experience.

Opinion Wanted.

Editor MEDICAL WORLD:—A patient, suffering with tuberculosis, sends me specimens of bone, or a calcareous deposit which he state he finds on the end of his tongue after each expectoration.

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Will some of the readers of the WORLD give me some light on the subject. What is it?

Morrilton, Ark. S. H. COWDEN M.D.

Raynaud's Disease.

Editor MEDICAL WORLD:—Will you give a short sketch of Raynaud's disease, or tell of some book that best describes it?

J. J. MONTGOMERY.

Luzerne, Warren Co., N. Y.

["Sphaceloderma, gangrene of the skin; symptomatic gangrene. A local stagnation occurring at the periphery of the circulation, producing symmetrically distributed gangrenous spots, commonly known as Raynaud's disease."—*Gould's Dictionary.*

For further information, the Doctor is referred to standard works on diagnosis, etc.—ED.]

Chromidrosis.

Editor MEDICAL WORLD:—Will some of the readers of your excellent journal throw some light upon what to me has been a very perplexing case. Mrs A., aged about forty-five years, well nourished, of rather a nervous temperament, has, since last November, been suffering from a severe itching of the skin of nearly the whole body, although I cannot detect any inflammation.

The linen is stained a very bright red color from the perspiration, necessitating a change three to four times a week. The comb with which she has been dressing her hair, and which has been stained the same color from contact with the scalp, I send for your inspection.

What is the diagnosis, prognosis, and treatment? G. W. GILHAM, M.D.

Townsend, Mont.

[Chromidrosis is a commingling of sweat and pigmentary matter, said to be due to Prussian blue, indican or other pigment.

The case described by the Doctor is apparently beyond precedent. We recommend the following to ascertain if there be no simulation: "The spot to be examined" (which should be chosen where the coloration is most pronounced), "is carefully cleaned with oil, and when perfectly dry, collodion is to be painted on in a thin layer, and allowed to remain a few days. If the chromidrosis be actually present, it will show itself after the collodion pellicle is lifted off." We suggest that this be carefully done without the patient's knowlege of why it is done, and the result closely watched.

Prognosis.—Favorable.

Treatment.—Attend to the general health. Give alkaline baths, hot packs, and apply electricity, the latter by general faradization, with the cathode, the anode being at the feet.

We hope that the Doctor will give a further report of the case.—ED.]

Editor MEDICAL WORLD:—What is the best form and how is nitro-glycerine administered as a heart stimulant? MEDICUS.

[The one per cent. alcoholic solution of nitro-glycerine is used, of which the dose is one to two drops. A very convenient form of administration is in granules, each one containing the minimum dose.—ED.]

Current Medical Thought.

Injudicious Use of the Coal Tar Antipyretics.

Dr. H. C. Hull, of Crawfordsville, Iowa, calls attention, in a private note to us, to the indiscriminate and injudicious use, by physicians, of the coal tar antipyretics in the treatment of continued fevers. He speaks of the uniformly bad results of such treatment. In this we fully concur, as such remedies can have no effect upon the underlying cause of these continued fevers, and should not be relied upon for their treatment.

Etherization in Laryngeal Croup.

Dr. Betz reports the case of a child, aged eighteen months, that presented the typical symptom of laryngeal croup. The case appeared so hopeless that tracheotomy was, although proposed, rejected. Three drops of a mixture of ether sulph. three parts, acetic ether one part, menthol 0.1 part, were ordered to be inhaled every quarter of an hour, just as chloroform is inhaled. It was hoped that the cold from the evaporating mixture would contract the surface blood vessels of the larynx, and thus reduce the edema present. The child was seen again in two hours, and the condition had somewhat improved. The etherization to be continued, three to four drops every half-hour. After six hours the condition was unmistakably better, so much so, in fact, that the etherization could be dispensed with. A piece of intestine filled with ice was placed around the child's neck. After this, progress was so rapid that in twenty-four hours the child was out of danger.—*Archives of Gynecology.*

Eucalyptol in Diphtheria.

A diphtheria epidemic pervaded portions of San Francisco during the winter months of 1891-92. The writer observed during the epidemic that diphtheria was rarely, if ever, found in houses surrounded by eucalyptus trees.

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Eucalyptol is a powerful germicide, a disinfectant, a stomachic, a tonic, a stimulant and antiperiodic. In small doses it produces mental activity, accelerates circulation and respiration, excites salivary secretion, promotes appetite, induces diaphoresis, and increases the elimination of urea. It is expelled from the system through the mucous membrane of the fauces, trachea, bronchi, skin and kidneys. In short, it possesses all of the characteristics that a remedy should possess to meet the requirements of the pathological conditions found in a typical case of diphtheria. In diphtheritic inflammation, the exudation being not only upon, but within the mucous structure, the therapeutic action of eucalyptol seems clearly indicated. The Loffler-Klebs bacillus fastens not only upon the surface, but beneath it, and an agent to be effective must destroy it wherever found, and at the same time produce no injury to the healthy tissue in and upon which it abounds. Eucalyptol fills that requirement.

Its tonic and stomachic power overcomes anorexia, and places the stomach in a condition to digest nutritious food and fortify the system against the general depression of the vital organs so chacteristic of this disease.

Blood-poisoning is early indicated in the saffron skin, which may be counteracted, if not overcome, by the administration internally of eucalyptol, bichloride of mercury and quinine. Cardiac weakness should be anticipated, by giving from the outset a generous diet of milk and eggs, supplemented hourly with brandy and digitalis. Ventilation should be looked after, and everything in the sick chamber should be kept disinfected and scrupulously clean. The writer uses a ten per cent. solution of eucalyptol in pure alcohol, and applies the solution locally to the diphtheritic exudation, hourly, day and night. In addition he gives it internally every hour with quinine, iron and bichloride.—Dr. Marion Thrasher, in *Jour. Am. Med. Asso.*

Sozoiodol in Diphtheria.

Dr. S.Schwarz, in the *International Klinischi Rundschau*, deprecates cauterization and painting the diseased spots, largely on account of the impossibility of carrying out such treatment thoroughly, especially with children.

He now uses sozoiodol mixed with flowers of sulphur, blown into the throat every four hours.

For children under three years of age he orders sodium-sozoiodol grains xlv, and sulphur sublimatium grains clxxx. For children up to five years, a fifty per cent mixture, and for still older children pure sodium-sozoiodol, blown into the mouth and nose every four hours.

Besides this, he gives the children a tablespoonful every hour of a solution of potassium chloride, two and a half to three and a half grains to the ounce.

For swelling of the glands he used mercurial ointment. The powderings were kept up for several days after the process was complete, and he had observed no relapse.

A Clinical Study of the Relations Between Scarlet Fever and Diphtheria.

A member of the Tri-State Medical Association, at a recent meeting, advanced the idea that scarlet fever is exotic in the South. Cases reported of diphtheria following scarlet fever in the same family, also cases of scarlet fever succeeding diphtheria and co-existing with other cases in the same family. Both diseases are controlled by the same remedies. Lœffler's bacillus found in both, and the diseases cannot always be distinguished from each other, according to the best authority. They are liable to the same complications. May we not consider them as varieties of the same disease?

Those discussing the paper did not think the diseases the same.

Treatment of Diptheria.

When I speak of diphtheria, I mean that contagious disease due to the specific poison germ, micrococcus diphthereticus, and not any pseudo-membranous formation in the throat any place from tonsils to larynx, and due to some exposure or disregard of the laws of hygiene. Though follicular tonsillitis may resemble diphtheria in the beginning, it is never fatal and recovery begins in a few days. Some will object to the name follicular tonsillitis, but I think it names and describes this disease of the tonsils better than any other I have seen used. Membranous laryngitis, or croup, is very similar in appearance, but is due, as I believe, to an entirely different cause. The onset of diphtheria is sudden and alarming and the family or neighbors have it named before the doctor arrives, and great care will be required or a mistaken diagnosis will be made. We have no specific cure yet, and diphtheria must be treated symptomatically. But we must throw away the old rule of treating symptoms as they arise, and anticipate the symptoms, treating them before they arise, or recognize them and treat them before they rise very high, for right here will determine success or failure. The most pronounced and alarming symptom will be the inflamed and swollen tonsils, the inflammation soon extending to larynx and nares, interfering with respiration, preventing perfect oxidation of the blood, and through this making a perfect field for the poison germs

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to multiply. Next to this is the fever which indicates the active chemical change caused by the amount of poison absorbed or the susceptibility of the patient to this particular kind of poison. The fever of itself is scarcely ever dangerous, though I believe it proper to try to control it, and thus save the strength to tide over what would otherwise be a fatal case. It will also relieve a great deal of suffering.

After I decide it is true diphtheria, I use the following:

R. Tr. ferri chlor.....fl. dram jss
Acidi acetici dil.....fl. dram jss
Syr. limonis.....q. s. ad fl. ounces ji
M. Sig.—Fl. dram j. in aqua fl. ounces j. Gargle; some may be swallowed and some spit out.

If the child is too young to gargle, use a small brush and swab the throat thoroughly, then let the child have about two teaspoonfuls to swallow. The iron has an astringent effect on any inflammation of the throat and mouth or mucous membrane; besides I believe it has some effect on the blood to modify the disease. The acetic acid has also a beneficial effect on the swollen mucous membrane of throat. The syrup of lemon is an excellent vehicle. You may use wine of coca, but it does not make as nice a mixture, though the cocaine may exert some of its anesthetic properties locally. The water you dilute with should be as hot as can be tolerated. A cathartic should be used to produce two or three stools daily; nothing serves this purpose so well as the following:

R. Hg. cl. mit.....grains ii
Sodii et pot. tart.....dram i
Sacch. alb.....dram i
M. ft. Chart. No. xii.
Sig.—One every two to four hours as required.

This will prevent any of the membrane that has been swallowed from remaining in the alimentary canal.

If fever is sufficient to weaken and cause restlessness, then follow in the afternoon and night, to relieve and give quiet rest:

R. Acetanilid.....grains xii
Morph. sulph.....grain i
Sacch. alb.....grain i
M. et ft Chart. No. xii.
Sig.—One every three hours if needed. The dose to be varied to suit the age and strength of the patient.

The acetanilid is to reduce fever, the morph. sulph. to get rest, and I think it also helps to reduce temperature. If the nares become involved, the following for insufflation will be beneficial:

R. Sulphur.....
Iodoform.....} aa drams i
Bismuth subnitrat.....
M. Sig.—Use with powder-blower in mouth and throat.

I believe all of these powders have a germicidal effect and also will help to remove any accumulation in the nose and throat. If the secretion accumulates in nose, use a flexible wire probe and cover the end with absorbing cotton and swab out the nostrils until clear of any membrane. If the nose and lips become excoriated from the discharge, use a few drops of fluid cosmoline in the nose. This two or three times daily gives great relief.

I have used these prescriptions in a number of cases and so much confidence have I in them that I almost consider them specific, along with careful attention to the condition of the room, which should be kept of an even temperature of 75° F. This is warmer than proper for most patients, but I believe that in inflammations of respiratory tract the patients should be in a warm room; also, if room can be moistened with steam it will be of great advantage, but at same time do not forget to secure perfect ventilation.

For food, the most nourishing will be required; usually it should be liquid; rich, pure unskimmed milk is first on the list. Skimmed milk is useless for every purpose. Next is the beef tea which so many physicians condemn, but when milk is refused or does not agree the tea will do well. You may change this for soups and broths. Take at regular intervals and be careful to not over-feed. Well-baked bread or crackers may be used also. If the strength begins to fail use stimulants, either whisky or brandy, and quite freely, which will often tide over the crisis.

I will speak of after-treatment, which should be care from exposure to changeable weather, and to over indulgence in food. Most cases will be benefited with tonics for a while and the iron salts will be preferable. The most common and troublesome sequelæ will be abscesses of the middle ear, and this should always receive prompt and careful attention. The attendant should be always cautioned to watch for symptoms of ear-ache. Too often the little one will cry for days and the nurse will chastise it for being cross and spoiled after its former sick-spell when the child will be relieved by a discharge from the ear. The family will think because they cannot see the abscess it does not need attention. Some even claim it to be a sign of health. Paresis and albuminuria are the next two common results, and when the child does not begin to gain flesh after this disease, local paralysis and nephritis should be examined for.—C. C. Moore, M.D., in *Med. and Surg. Reporter.*

Two Methods of Treating a Diphtheritic Throat.

Take equal parts, by weight, of powdered pepsin and calomel and, if you wish to make the powder a little more impalpable, a little boracic acid may be added. The efficacy of this application depends upon the use of dilute hydrochloric acid, which is easiest administered in the form of the tincture of the chloride of iron. I use this in preference to hydrochloric acid, as it

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simplifies matters and makes one less medicine to exhibit, as I invariably use the tincture of iron in these cases. A dose of the tincture of iron being given, this powder mixture is blown into the throat sufficiently to cover the desired region. It must be done quickly, after swallowing the iron, before this is washed off by swallowing saliva; for the insufflation of the powder, any ordinary powder blower may be used or even a cheap tin insect powder blower, that may be thrown away after the case is completed.

In twelve hours I have seen a throat entirely cleared of membrane in this manner, but, as is the case with all preparations of mercury, you are dealing with a substance that may acquire too much momentum if it is not closely watched; for I have seen a severe diarrhea occur from the use of this powder, and let us add that it is in these very cases that I have seen some of the best results, and have also seen one case of salivation that I fear must be attributed to the medication, although there was previous to its exhibition, membrane on the gums and buccal surface of the mucous membrane. This case was one of those severe ones that involved mouth, pharynx, nares and vagina, and although, I regret to say, was salivated, terminated in recovery.

In this case 1-32 grain of the bichloride had been administered four times daily in connection with local treatment, and was, I think, a mistake, as there is no necessity of using mercury in other form than the insufflation. As a rule I think it good practice to insure keeping the bowels opened with a mild saline or compound licorice powder. This line of treatment I have found to be of especial value in grown people, but for children I think the second plan to be preferable, and that is the use of the peroxide of hydrogen.

Personally, I do not find so much benefit from this in the very early stages before the membrane is definitely formed, but so soon as you can say that the membrane is not spots of follicular tonsilitis I find it of benefit, and use it from then on. In children, where it is so difficult to make any application, this is particularly gratifying to use, as with a double bulb spray the reservoir may be filled by compressing the tube against the bottle and then the other hand is free to manipulate the tongue, and if you can get a sight of the membrane you can in the same instant spray it by removing the compressing finger and may be instantly sure of scoring a bull's eye, or failure, by the foamy appearance of the membrane if it has been hit.

With these two methods of attacking a diphtheritic membrane, I feel pretty sure of getting through it and have seen less of the severe cases of throat complications than before their use.—*New England Medical Monthly.*

Diphtheritis.—Its Origin, Cause, Mode of Production and Propagation; its Pathology and Treatment.

The author, J. A. Miller, D.D., M.D., of California, in a book now out of print, reviews somewhat at length the subject of diphtheria as outlined in the title. He first objects, and with good reason, to the term *diphtheria*, which signifies a membrane, and nothing more. *Diphtheritis*, meaning an inflammation of a membrane, is appropriate.

The author compares the treatment adopted by all the schools, and then proceeds to define his own method, which he names "The Rational Treatment of Diphtheritis," which consists in 1st. Preventive measures, cleanliness, avoidence of extremes, etc. 2d. Abortive, give an emetic of lobelia, keep the patient warm, and give acid drinks, such as cream of tarter, lemon juice, or vinegar. The author lays great stress upon keeping the secretions of the mouth in an acid condition. In fact, he states that all alkalies of whatever form must be rigidly excluded, and further that a solution of chlorate of potassium affords a perfect culture medium for the micrococcus diphthericus. He also states that if a piece of the false membrane be placed in such solution, it will grow rapidly. This point is very important, and should receive careful investigation. It must be remembered, however, that the chlorate of potassium is generally given in an acid mixture and for the purpose of using the liberated chlorine.

3d. The disease being fully established, and it being too late to abort, he gives the following prescription throughout the entire course of the disease:

R. Acid sulph. dil.....fl ounces ij
Tinct phytolaccæ.....fl ounce j
Tinct sanguinariae.....fl ounces ss
Tinct capsici.....fl dram j
Aquae cassiae.....fl ounce viii
M, Signa.—Give half a teaspoonful once an hour, or once in two hours, pro re nata.

Besides acid drinks and a wholesome nutritious diet (excluding milk) the patient is to be sponged twice a day with a mixture of nitro-muriatic acid, one fluid dram, to water one-half a pint, this bath to be allowed to dry in. As an external local application the author uses:

R. Potass nitratis.....ounce j
Ammonii muriatis.....ounce ss
Spts. camph.....ounce ij
Aquæ.....fl. ounce ij

Cloths are to be saturated with this mixture and bound around the angles of the jaws.

To combat the fever he used:

Tinct. gelsemini.....fl. dram ij
Aquæ menth. pip.....fl. ounce ij
M. Signa.—One teaspoonful every one, two or three hours.

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Should there be idiopathic fever, veratrum or aconite would be used according to indications.

In preference to these crude drugs, the doctor would doubtless to-day use dosimetric alkaloidal granules.

If the nasal passages are involved use the following by inhalation:

℞ Bromine ..... dram ss
Ether sulph..... dram j
Tr. iodi..... drops xv
M. Signs.—Inhale or use as a spray.

We would suggest caution in the use of this mixture.

The author does not present this treatment as being *specific*. He wisely says that there can be no true specific medication until we have specific temperament, age, sex, idiosyncrasies, pathological conditions, and surrounding contingent circumstances. At the same time he has tested the above method for years with the best results.

Treatment of Diphtheria by a New Method.

In a paper read before the Medical Society of North Carolina, in May, 1892, Dr. Martindale, of New York, advocated the free use of the vapors of tar and turpentine, a quart of each to be placed over a suitable flame, and let the room be saturated with such vapor. Others in discussing the paper, had found such procedure very beneficial.

The administration of quinine up to cinchonism, was also advocated.

ON IMMUNISATION AND CURE IN EXPERIMENTAL DIPHTHERIA OF ANIMALS (Behring and Wernicke).—ON IMMUNISATION AND CURE IN EXPERIMENTAL TETANUS OF ANIMALS (Behring).—(*Annales de Micrographie, p. 519, 1892.*)—The investigations of the above named authors, as well as those of Kitasato, the distinguished Japanese experimenter, have given results in artificial immunisation that are of the utmost interest as opening a new field, and as having established an accuracy and certainty of results comparable only, as to scientific demonstration, to those which we obtain in the production of experimental rabies.

It was discovered that in certain animals diphtheria and tetanus could be cured by the application of tri-chloride of iodine without necessarily killing the bacteria, and that by this means they could also be rendered immune against further attacks of these diseases. This was thought, of course, to be due not to a bactericidal effect, but to a neutralizing power exerted against them.

By a series of beautifully conducted experiments they have reached a point at which they can produce serum of immunized animals possessing well-defined immunizing properties and capable, for this reason, of being accurately dosed. They have recently experimented upon sheep so as to obtain the serum in large quantities, and are about to make experiments upon man himself, which other investigators will pursue simultaneously, and which the medical world will await with the greatest interest.—*N. Y. Therap. Review.*

Diphtheritic Paralysis Treated by Administering Strychnine Subcutaneously.

Writing on the mortality of diphtheritic paralysis, Dr. G. H. Cook, of Manchester, England, cites a typical case. (*British Med. Journ.*, Vol. 1, p. 1303, 1892.) After a time, the diaphragmatic paralysis supervened, with orthopnea, and the pulse became very irregular, both in frequency and strength. The patient, who was a boy of about five years, was treated four times daily with hypodermic injections of one minim of the pharmacopeal solution (one per cent.) of hydrochlorate of strychnine. In about a week, the paralysis of the diaphragm disappeared under this treatment, but the injections were continued two weeks longer, three times a day. It has been proved that there is a great difference in results where strychnine has been given by the mouth, and hypodermically. Dr. Cook considers the latter method more reliable, quicker, and altogether more satisfactory.—*N. Y. Ther. Review.*

Diphtheria.

The recent assembly of International Congress of Hygiene and Demography in London, England, gave a great deal of attention to diphtheria. Many able papers and instructive discussions were heard. One fact was considered established which should be a matter of common information, to wit, some of the domestic animals are subject to the disease, as, for instance, cows, whose milk in consequence may be infected; common fowls, and particularly cats. The last being so frequently the familiar pets of children are far too often a source of the contagion. In many instances children and cats have infected each the other. Within a year only has it been satisfactorily determined that the specific germ causing diphtheria has been indentified. It is called the Klebs-Loeffler bacillus.

Of all the papers read on the subject at the Congress, one of the most practical was one by Dr. S. W. Abbott, of Boston, whose conclusions were summed up in the following propositions:

"1. That diphtheria is an eminently contagious disease.

"2. That it is infectious not only by exposure of the sick to the well, but also through indirect media, such as clothing and other articles that have come in contact with the sick.

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"3. That the certainty of infection is not so great as in a case of some other infectious diseases; notably small-pox and scarlet fever.

"4. That over-crowding, faulty ventilation and filthy conditions of tenements favor its spread.

"5. That the influence of defective plumbing is not proven.

"6. That its transmission through public and private water supplies is not proven.

"7. That its propagation is favored by soil moisture, damp cellars, and general dampness of houses.

"8. That the poison may remain inactive in houses for a long period."

From all that is yet known of this disease, it still remains true that isolation and disinfection are the surest means of controlling it.—*Sanitarian.*

Iodide of Lime in Croup.

Dr. A. G. Beebe, of Chicago, says: "In my experience croup has become a thing to smile at, but never to be afraid of. I have such unbounded confidence in my iodide of lime that I very seldom go to see a case of croup. Indeed, I am not often called, because my regular patrons who have children who are suspected of such "capers" usually keep a bottle of my croup medicine at hand, ready for the first outbreak whenever it may occur. Now, according to my belief, every death which occurs from membranous croup could be averted by this remedy if it were employed within a reasonable time. I have never known it to fail when it had a fair trial. I usually mix it with sugar of milk, in about the proportions of the ix trit., but do not triturate it, as I do not care to expose it to the air and light to that extent. This powder should be kept tightly corked, in the dark, and a powder of three to five grains (according to age) given to the child every hour, half-hour or quarter-hour, according to the urgency of the symptoms, until the cough becomes moist and remains so during the night. It is usually better to give it in a little water. Sometimes I put six to ten grains of the crude drug into eight ounces of water (preferably in a bottle), and give a teaspoonful or two at a dose." —*New Remedies.*

How Long Should a Diphtheria Case be Isolated?

This most important question is discussed by Dr. Prince. It is a matter of vital importance, for Dr. Prince tells us of a case wherein the patient, supposed to be well, made a visit to relations in Boston nine days from the time of his "getting up." One week after his arrival, a child in the family was attacked with diphtheria and died. An outbreak of diphtheria in a hotel at Nantucket followed the arrival of a person just recovering from diphtheria, and pronounced well by the attending physician. One of these cases, when supposed to be well, carried it to a hotel in town. Three cases of diphtheria in one family closely followed the advent of a nurse who had just come from attendance on a fatal case.

Dr. Prince thinks that evidence goes to show that the poison is retained in the mucous membrane longer than is generally considered to be the case. In lieu of definite knowledge he has adopted the arbitrary rule of advising quarantine precautions for one week after the patient appears to be perfectly free from the disease. This seems to be a fairly safe rule and one that is desirable.—*Annals of Hygiene.*

Diphtheria and Croup.

While perhaps not yet absolutely proven, there is abundant testimony, clinical and otherwise, pointing to the identity of the two processes, diphtheria and croup. One of the most conclusive clinical arguments of their identity is afforded by the fact that in some of the large Continental hospitals cases of croup and diphtheria are placed side by side in the same ward, and the cases of croup do not become infected; while it is not rare for diphtheria to develop in a family in which an apparent case of croup has been present.

The almost general acceptance of the dictum of identity is indicated by the tendency to treat cases of croup as though they were diphtheric, and the instructions of Boards of Health that cases of croup be reported. Fraenkel (*Deutsche Medicin Wochenschr.*, No 24, 1892, p. 564) has added an opportune and valuable contribution to the controversy. The opportunity was afforded him of holding autopsies in four cases, clinically typical instances of croup. In none were subjective or objective evidences of pharyngeal involvement present. All presented hoarseness and marked difficulty in breathing. In two, tracheotomy was performed. The autopsies confirmed the freedom of the pharyngeal structures. In one case the membrane was situated below the glottis. Examination of the membrane present in each case disclosed the presence of the bacillus of diphtheria described by Klebs and Loeffler, the identity of which was absolutely assured by its morphologic appearances, by its behavior in culture, and by its pathogenicity to animals. It is true that the number of cases reported is small, but the evidence adduced is positive and conclusive, and not to be controverted by any negative evidence.

Investigations by Middeldorpf and Goldman

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(*Deutsche Medicin. Wochenschr.*, No. 24, p. 570) have disclosed the identity of the pathologic processes in croup and diphtheria. In both there occurs an intense inflammation of the mucous membrane, leading to destruction and desquamation of epithelium. Abundant exudation takes place, with subsequent coagulation and the formation of membrane.—*Med. News.*

Treatment of Membranous Croup by Tracheotomy.—Intubation.

In my opinion, tracheotomy is so far superior and preferable to intubation that there can scarcely be any comparison.

It is somewhat more tedious and difficult to perform than intubation, but once performed it does not have to be repeated, and it causes the patient nothing like the distress, the awful suffocating agony caused by intubation, though the latter requires but a few seconds for its performance. The canula can easily and instantly be removed by the nurse when plugged, cleaned out and replaced; the tube itself can also without difficulty be so treated. In intubation if the tube become plugged in the physician's absence the child must die, as it requires a more competent and skillful hand to remove it than to insert it, and this removal and reinsertion must necessarily be repeated a great number of times during the treatment of the majority of cases, and each one is as bad or worse than the original one, for can anyone suppose it possible to insert a foreign object like a solid metal tube into and through an opening so small that it must fit it snugly so as to be grasped firmly enough to be self-retaining, the walls of this opening being in an inflamed, diseased, and indeed suppurating condition, without doing injury to the tissues forming the wall? And then think of this operation being repeated at frequent intervals, each one of the insertions and removals causes the patient more suffering than all the insertions and removals of tube and canula when tracheotomy has been practiced. Furthermore, tracheotomy is practiced at some distance from the seat of disease, in sound healthy tissue and the tube need not fit so tightly as to be self retaining. Indeed, does any one doubt that a tube used so large as to fit tightly enough to be self retaining in a tracheotomy operation would produce harm by pressure, and will it not do the same an inch or two higher, and when the tissue is already in an unhealthy state, requiring much less pressure to produce injury?

As to the difficulties of performing either operation, neither is difficult to perform when once learned, yet no tyro should attempt either one when competent operators can be obtained. Occasionally we hear of an operation for tracheotomy when the operator severed an artery, from which the patient speedily bled to death; such an accident can, of course, occur only in the hands of one incompetent for operating or who has recklessly neglected to ascertain whether there was any unusual location of the principal arteries in the vicinity.—S. L. Kilmer, M.D., in *Medical Review.*

Hydrate of Chloral as a Specific in Diphtheria.

Dr. C. B. Galentin, in a contribution to medical literature, consisting of a book, now out of print, disavows the germ or bacillus theory as to the origin of diphtheria and claims that chloral hydrate is a specific in all membranous diseases.

As the constitutional symptoms first appear, followed by the local manifestations, the doctor regards diphtheria as being an acute, infectious, specific, febrile disease, depending primarily upon infection of the blood, manifested not only by general symptoms, but also by a peculiar and often dangerous specific inflammation.

The fact that the mortality in diphtheria, under the various modes of treatment hitherto practiced, amounted to from twenty-five to ninety-one per cent., is the author's warrant for introducing his novel and specific method of treating membranous diseases with chloral-hydrate.

Local treatment.—In cases of but ordinary violence the author uses the following as a gargle or by swallowing:

R. Chloral hydrate
Pot. chlorat. ..... aa grain xlviii
Spts. gaulther vel. } ..... fl dram j
Spts. menth. pip. }
Syr. Simp.
Aquæ ..... aa fl ounces ij

M. Signa.—Give a teaspoonful or a teaspoonful and a half every hour, when awake, to a child from five to ten years of age.

Adapt the pungency of the mixture to the sensibilities of the patient.

After gargling or swallowing the solution, no water or other liquid should be allowed for at least five minutes. Both local and constitutional symptoms begin to abate in a few hours, and the average duration of the doctor's cases have been about four days.

For adults he uses:

R. Chloral hyd.
Potass. chlorat. ..... aa gr. xcvi.
Spts. gaulth vel.
Spts. menth. pip. ..... fl. dram j.
Aquæ.
Syr. simp. ..... aa fl. ounce ij.

M. Dose for an adult, two teaspoonfuls when awake. No drink for ten minutes. The degree of somnolence is somewhat a measure of the effect of the chloral and should influence accordingly.

For cleansing the nasal passages he uses the following:

R. Chloral hyd. ..... gr. x to xxx.
Sol. sod. borac. ..... gr. x to dram j.
Aq. menth. pip. ..... aa fl. ounce ij.

M. Signa.—Inject into nasal passages;

Or use:

R. Chloral hyd. ..... gr. x to xxx.
Spts. gaulth. ..... fl. dram j.

M.

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Dr. Rokitansky has used a fifty per cent. solution of chloral in three cases of diphtheria which had resisted all other remedies. The solution was applied every half hour with a camel's hair brush and caused little pain, except in one case. After the solution had been applied three times, large pieces of the membrane could be removed with the brush. The underlying mucous membrane was red and covered with fine granulations.

As soon as the normal tissue could be seen, weaker solutions were used.

Under chloral, abundant, natural, refreshing sleep is obtained without the vital functions being in any way interfered with, or secretion arrested; hence albuminuria is rendered less frequent. Furthermore, chloral, by antagonizing the specific poison, diminishes toxemia and consequent prostration, and renders paralytic sequelæ less frequent.

The author has employed the chloral treatment in more than five hundred cases of diphtheria with a mortality of less than two per cent. He uses as an adjunct inhalations of vapor caused by the slacking of lime in a three per cent. solution of chloral hydrate in a wide mouth bottle, this to be repeated every three or four hours in nasal diphtheria. The formula would be:

R. Fresh lime..... lb. j
Water containing chloral hydrate or. j...pint j

Or:

R. Fresh lime.....lb j
Water.....pint j

Put the lime in lumps into a coffee pot, open mouth bottle or fruit jar, pour upon it the fluid, and when the vapor begins to rise, direct it into the patient's face so it must be freely inspired; use every hour in laryngeal cases, and in croup. If a coffee pot be used, a piece of tubing may be attached.

The following are to be used with an atomizer every one, two or three hours for fifteen minutes at a time.

R. Pot permangan.....grain v
Aquæ.....ounce j

Or:

R. Chloral hydrate.....grain v
Potass chlorate.....grain v
Aquæ.....ounce j

Another:

R. Chloral hyd.....grain x
Acid carbolic.....g.ain xv
Aquæ calcis
Aquæ gaulthe.....aa ounce iij
M.

Or:

R. Ammon brom
Potass brom.....aa grain v to x
Aquæ.....ounce i ss
M.

Prof. Waugh's Outline of Treatment with Dosimetric Granules, only 50 cents. See Order Blank, page xxvi.

A Question Relative to the Treatment of Diphtheria.

At a meeting of the Medical and Surgical Society of the District of Columbia, held December 12, 1892, Dr. W. P. C. Hazen, of Washington, read a paper with the above title, published in the *Va. Med. Monthly* from which we abstract the following:

Diphtheria, we are told by bacteriologists, is a disease caused by a living organism, the bacillus diphtheriæ, or Klebs-Lœffler bacillus. This organism was discovered by Klebs in 1883, and later was minutely studied and described by Lœffler. It is said to be found only in diphtheritic deposits, and not in the diseased viscera or blood. The involvement of the general system is explained by the theory of the dissemination of a poison, called tox-albumin, which is generated by the bacilli during their propagation. Roux and Yersin, of Paris, state that they have succeeded in separating this poisonous principle from the bacilli, and that, by inoculating animals with it, they have produced paralyses similar to those resulting from diphtheria in man.

Dr. J. Lewis Smith, of New York, says that "it has been demonstrated by many observations that the disease heretofore designated by the term diphtheria, embraced two diseases, which may be conveniently designated diphtheria and pseudo-diphtheria." He further states that "a pseudo-membranous inflammation upon the mucous or cutaneous surface is sometimes produced by other microbes than the Klebs-Lœffler bacillus; but this bacillus—the Klebs-Lœffler—causes a disease which has distinguishing characters, especially the production of a peculiar toxine, which brings about certain definite anatomical changes in the interior of the body—a peculiar paralysis and a nephritis, attended by an albuminuria, which does not cause dropsy or uremic poisoning. These characters distinguish true diphtheria—the diphtheria caused by the Klebs-Lœffler bacillus—from other pseudo-membranous inflammations of microbic origin. There can be little doubt that the microbe producing pseudo-diphtheria is often mistaken for the true bacillus diphtheriæ."

E. Klein, of London, has examined the faucial secretion and pseudo-membrane in twenty-two cases of diphtheria, and in every case found the Klebs-Loeffler bacillus. In twelve cases he found also a bacillus closely resembling that of Klebs-Loeffler in form and growth, but not pathogenic.

Solomon states that not only certain other microbes, but irritating medicinal agents have the power of exciting inflammation with fibrinuous exudation, which cannot be distinguished by its appearance and antomical characters from that of

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true diphtheria, *except* by the absence of the cause of the latter disease, namely, the Klebs-Loeffler bacillus.

The diphtheria complicating scarlitina is generally pseudo-diphtheria. These sore throats, says M. Sevestre, of Paris, commonly end in recovery, and they do not communicate diphtheria to neighboring children.

Wurtz and Bourges state that there is no difference between the pseudo-membranous angina of scarlatina and true diphtheria, *except* that the bacillus of Loeffler is absent from the former; but the effects of remedies are different in the two. True diphtheria, they say, is most favorably influenced by chlorine solutions, which are by no means as useful in scarlatina inflammation, while in the latter salicylic acid exhibits a curative power which is not manifested in diphtheria. They, therefore, believe that the pseudo-membranous angina of scarlatina and that of diphtheria are ordinarily distinct diseases.

After reviewing the above facts, as given by men recognized as authorities, it is logical to conclude that the disease heretofore called diphtheria must now be looked upon as two distinct diseases, namely, diphtheria, resulting from the action of the Klebs-Loeffler bacillus, and pseudo-diphtheria, resulting from the presence of other organisms.

Of 5072 children treated in the Child's Clinique in Strasbourg from 1878 to 1889, 938, or 21 per cent., had diphtheria, of which cases 439, or 46.7 per cent., died. Of the 499 not tracheotomized, 167, or 33.5 per cent., died. The records of the Health Office of the District of Columbia show that, since the present law in regard to diphtheria went into effect—January 1, 1891, up to December 8, 1892—there have been 964 cases officially reported. Of this number, 299 terminated fatally, representing 31+ percentage of mortality to total number cases of this disease.

Widely differing from these results are those obtained right here in Washington in private practice—one practitioner claiming fifteen successive cases without a death! How can we explain this great difference? Even allowing for the more favorable conditions existing in private practice, the difference is still remarkable. It cannot be due, as is claimed, to the particular treatment adopted, for the same methods in my own practice and in the hands of others have failed to yield like results.

From what has been recently discovered regarding the existence of pseudo-diphtheria, I feel fully justified in saying that the brilliant results of the practitioner referred to are explainable only by the very existence of this pseudo-diphtheria. I believe that in many of these cases the disease was pseudo-diphtheria, and not true diphtheria, and that the majority of them would have ended favorably with little or no local treatment.

One of the most important lessons taught by these recent investigations is the fact that it is absolutely impossible at present to diagnose truly in the beginning a case of pseudo-diphtheria from one of true diphtheria without the aid of the microscope. When we consider with how few of us this test is at all practical, it is not likely —nay, it is almost certain, that many cases treated and feared as true malignant diphtheria, are nothing more than this spurious pseudo-diphtheria. Still, this fact should not influence us to relax our most vigorous and energetic efforts in the very beginning of every case in which there is even the slightest ground for suspecting diphtheria.

Apropos of the above, Jules Simon, in order to clinically distinguish non-diphtheritic products from those of diphtheria, takes a doubtful pseudo-membrane and agitates it gently in water; if it does not fall apart, but remains in resisting and elastic layers, there is no doubt that it is diphtheritic. Dr. Macdonnel, of Montreal, says, regarding this point, that the absence of the knee-jerk in a suspected case of diphtheria is proof positive of the existence of diphtheria.

That we have not yet discovered the specific for diphtheria is certain from the innumerable remedies in use and the terribly high rate of mortality which still prevails. Almost every germicide known to medicine has been employed locally to arrest the growth of and kill the fatal microbe. D'Espine, of Geneva, has observed the destructive effects of various pariciticides on the Klebs-Loeffler bacillus, as follows: The development of the bacilli was arrested by corrosive sublimate, one part to 8000; by carbolic acid, one part to 50; by salicylic acid, one part to 2000; by chloral, one part to 200; and by permanganate of potash, one part to 2000. As a result of these observations, he recommends the use of salicylic acid, since its toxic properties are slight and its applications easy.

Loeffler states that a solution of the perchloride of mercury, of strength one to 10,000, will kill the bacilli in the laboratory, provided they be exposed to its action one minute or more. It can be used as a gargle or spray. Chlorine water alternated with peroxide of hydrogen is highly recommended.

Recently a new method, called the sub-membranous, has been introduced in New York. It consists in the injection of chlorine water into the tissue beneath the false membrane. The operation is accomplished by the use of a hypodermic syringe provided with a long stem, at

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the end of which are several needles. The advocate of this method claims remarkable success, and it is being tried extensively in this country.

C. Smith, of London, claims a specific in the use of a mixture composed of one part of carbolic acid, one part of oil of eucalyptus, and eight parts of turpentine. Cloths about one foot square are soaked in the mixture and placed near the face of the patient, so that he inhales the evaporations in conjunction with the vapor of boiling water, which rises from a vessel kept constantly near.

Dr. Fulton, of Philadelphia, says that in thirty-seven consecutive cases, all of which ended in recovery, he used a strong solution of nitrate of silver—scruple j in f. ounce ss. of rose water—applied by means of a throat brush, the application to be made twice daily. After each application, the part treated is dusted with a pinch of the following powder:

℞. Hydrarg. chlor. corros.....grain j
Pulv. sulphur.....dram j—Misce

Dr. Bloodworth, of Philadelphia, says that hydrogen peroxide readily dissolves the false membrane, and at the same time has an inhibiting action upon the germ and purifies the parts affected. He further states that hydrogen peroxide possesses the following advantages, viz.: It is non-irritant, colorless, odorless, tasteless, and causes no pain.

Dr. Greig, of Toronto, also says that to prevent the production and absorption of the poison produced by the bacillus, the best agent is hydrogen peroxide. It has the property of oxidizing many organic compounds, and it will undoubtedly dissolve the membrane.

The plan that I have found most satisfactory for the application of these agents is: First, spray the throat with the hydrogen peroxide; this is to be followed in one hour by the application of a 5 per cent. solution of oleate of mercury—the application being made with a camel's hair pencil. This plan is continued throughout the entire course of the disease—the hydrogen peroxide being alternated every hour with the oleate of mercury.

While oleate of mercury possesses many of the properties for which we would use the bichloride, it is not irritant like the latter, and is practically harmless when used in the strength above mentioned.

"MONEY TALKS."

Please note the following private letter from an eminent physician and surgeon.

Dr. J. J. Taylor.—Allow me to say in regard to the "Physician as a Business Man," that I received $5.00 of value from it, ere I had the book fifteen minutes.

Yours very truly, GEO. S. HAZARD, Ph. G., M.D.
1 Blue Hill Ave., Boston, Mass.

Diphtheria—Its Treatment.

My duty is to say something concerning treatment; and as the subject is comprehensive beyond my time limit, I shall be obliged to make statements in a somewhat disconnected, fragmentary manner.

The premises will be conceded by the majority of those present that the disease in the early stages is distinctly local in character, for the following reasons:

1st. Marked prodromata are seldom observed before local manifestations; and in the exceptional instances germs probably lie in the respiratory passages, producing toxalbumin for absorption, sufficient time not having elapsed for gross signs to appear.

2d. As a rule the more extensive the membrane and the lower in character, cacteris paribus, the more profound the toxemia.

3d. Absorption and consequent general symptoms occur largely in proportion to the lymphatic supply of the part initially affected; for example, adenitis is extreme in pharyngeal and nasal forms and slight in tonsillar.

4th. Although it is still in some degree a *quaestio vexata*, it is pretty generally acknowledged that the Klebs-Lœffler bacillus is peculiar to the disease; always present in the earlier stages at least, limited to the false membrane, most numerous when the attack is at its height, diminishing as the case approaches recovery, and productive of the characteristic neuroses, when the cultures are injected into lower animals, notwithstanding Virchow's contention that all bacilli, whether noxious or inert, are the same organisms, and are products of disease, not the cause; the differences of form being dependent on the varied environment.

Hence arise the strongest reasons in all cases, even though the diagnosis be incomplete, that prompt local medication be resorted to. And first of all how had it better be applied? The sponge or cotton swab, excepting in the case of the most heroic abortive remedies, for circumscribed patches is to be avoided as being too harsh for the requirements. The brush, excepting in similar circumstances, is also objectionable; it wearies the patient, and, if used thoroughly, especially when the membrane is extensive, the performance is tedious, and jeopardizing for the attendant. The atomizer is free from these defects, and the best I have found is the Magic No. 25, moderately simple in construction, fitted with vulcanized rubber, and therefore non-corrosive and durable, and so arranged as to adapt itself to the anatomical peculiarities of the throat and naso-pharynx.

Steam favors formation of mucous, mucous floats germs, shields the underlying membrane, and opposes absorption; and if impregnated with

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antiseptics and constantly enveloping the patient, it is not only a remedial agent, but also protects the attendant. A convenient and pleasantly aromatic combination is oil of eucalyptus, carbolic acid, and oil of turpentine in equal quantities, an ounce of which is kept boiling in a quart of water over a spirit lamp.

The local remedies that have been vaunted as specifics, and in turn have died a natural death from inanition, are legion; but whatever differences of opinion may have prevailed concerning their efficacy, nearly all authorities, from Aretæus down to the present, have strongly forbidden forcible removal of the membrane, excepting in extreme cases of obstruction, therefore the applications are made over the diphtheric exudation.

They may be divided for convenience into three classes. 1st, the destructive or heroically abortive. 2nd, the antiseptic, and 3rd, solvents of the membrane. In the first class are found acetic, lactic, citric, hydrochloric and carbolic acids, argentic nitras, an old so-called specific, chlorine and bromine; the last mentioned perhaps the best if care is taken in its application. It may advantageously be prepared according to the following formula:

℞. Saturated solution of potas. brom....ounces ii
Bromine .....ounce i
Aq. destil.
Glycerin .....aa ounces iv
M.

These corrosives should be employed only in exceptional instances, viz., when the initial lesion is distinctly circumscribed, the remaining mucous membrane being of a healthy color; and even here the greatest precautions should be taken in limiting the application to the diseased parts, lest new foci be formed by destruction of tissue beyond the requirements of the case.

The most prominent of the antiseptics or 2nd class, are sulphurous, boracic, salicylic, and diluted carbolic acids, chlorate of potash, tincture of iron, permanganate of potash, iodine and corrosive sublimate, which last may be safely used as a spray up to 1 in 2000.

A large number of remedies have been tried as solvents of the exudation, the chief ones being papoid, lactic acid and lime water, lime water and glycerine, pilocarpine and peroxide of hydrogen. The last mentioned is at present in the meridian of its glory, but it may be that in the near future its sun will go down, as has been the ignoble fate of so many of its predecessors. The application of scientific medicine is not infrequently the development of fashion, in this particular instance I myself have fallen into line behind the bell wether, and have had some experience as to the merits of peroxide of hydrogen; but although I use it frequently, I cannot say that the results are better than those I formerly met with when for several years I relied upon a mixture consisting of tannic acid dram i, glycerinum dram ss, acid carbolic minim xv., Lugol's solution of iodine ounce ss., and water sufficient to make one ounce.

Hydroxyl being an unstable compound, owing to the free elimination of nascent oxygen, it is imperative that it be carefully preserved and its immediate effects closely watched. Marchand's and Harvey's No. 1, are the best in the market, and should be kept in a well-corked bottle, standing on the cork, in a cool dark place; the atomizer to be emptied into the vial after each application. If no foaming is produced by its contact with the exudation, the sample should be discarded as worthless. Its action being that of powerful oxidation the strength should not exceed the requirements; it is usually employed mixed with distilled water from a twenty per cent. solution upwards.

In all nasal cases absorption takes place readily from the Schneiderian membrane, and the strictest watchfulness is necessary to ensure cleanliness; for this purpose the syringe, douche or atomizer may be employed with such remedies as boric acid, chlorate of potash, permanganate of potash or peroxide of hydrogen. Should false membrane be so large as to occasion obstruction to the cleansing process, the urgency of the case permits of such apparently harsh measures as forcible detachment, or boring of the membrane in order for the introduction of the lotion.

Time will not permit of a description of the operations, intubation and tracheotomy, when the larynx is involved, but a few well attested truths may be briefly stated.

1. The mortality in each is virtually equal, about 26 per cent., therefore the peculiarities of the case, not the relative merits of the operation, must determine which is to be resorted to.

2. Very young children, requiring, necessarily, a tube of small calibre, are best tracheotomized.

3. Intubation is as a rule preferable after the fifth year, and especially in adults.

4. If membrane exists low down in the larynx, it is better to open the trachea.

5. The after treatment is more exacting in tracheotomy, consequently intubation is to be chosen in the absence of skilled nursing.

6. The length of time for retention of the tube in either instance is to be determined by the rate of progress of the disease, the average being, perhaps, seven or eight days; but if at any time during this period after intubation pneumonic complications should appear, the tube must be removed to allow of expectoration.

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7. To wait until symptoms of impending collapse occur is to cast unjust reflections on the means employed.

8. In every instance of contemplated operation the lungs should be as carefully examined as the circumstances will allow, and the prognosis modified accordingly.

9. The most frequent cause of fatality after operation is inflammation, in the form of broncopneumonia, arising from circulatory disturbances set up by the occurrence of lobular collapse during the stage of dyspnœa; hence the danger of delay after stenosis is evident.

Microbes are tenacious of life; cultures of diptheritic bacilli months old have been found to have poisonous properties, and it has been wisely said that remedies strong enough to destroy all the bacilli, are just as apt to kill the patient; hence the difficulty in finding specifics, and the special fitness in the case of this disease of the adage "An ounce of prevention is worth a pound of cure." Prophylaxis stands in the front rank—disease germs are fond of a weakened or diseased part. Some of the most malignant cases I have seen have been engendered on a catarrhal mucous membrane, adenomata of the pharynx, and enlarged or otherwise diseased tonsils. A physician who overlooks these predisposing causes is, to the fullest extent, culpable. I can only suggest the means of prevention:

1. Isolation of the patient, perfect and continued for at least two weeks after the last vestige of the disease has disappeared.

2. Destruction of all fomites, no matter how valuable, unless such as can be boiled in a strong antiseptic fluid, preferably corrosive sublimate solution.

3. Conscientious compliance with the requirements of the Health Act in reference to reports of contagious diseases.

4. Thorough inspection of premises. In the large majority of my own cases, drainage has been found defective on the application of thorough tests.

The disease being essentially poisonous and adynamic, the constitutional treatment indicated is antiseptic, stimulating and supporting. The diet should be fluid and generous, up to the limits of digestion—for hungry lymphatics eagerly absorb, and absorption means toxæmia. The tendency is towards exhaustion, and such tonics as quinine and tincture of iron are indicated. It is a hackneyed custom to add chlorate of potash in large quantities, quite irrespective of its tendency to produce heart failure and nephritis. Prof. Wood, of Philadelphia, maintains that it is eliminated in its entirety and unaltered through the kidneys.

The muriate of iron appears to be the standard supporting remedy, and acts in two or three ways: 1st, it causes tissue tonicity, and perhaps in this manner narrows lymph spaces, and prevents absorption. 2nd, it feeds blood corpuscles, promotes oxidation in the tissues, and thus destroys organic poisons. And, 3rd, it stimulates nervous force by increasing blood pressure in the great centres.

Stimulants are tolerated in proportion to the profundity of the toxæmia the specific poison acting as an opponent of alcohol, just as opium is well borne in peritonitis, quinine in malaria, and iodide in syphilis, therefore, they are invariably indicated, and the directions are simple, *pro re nata*, and in kind adapted to the palate.

The leading antiseptics administered constitutionally are calomel, mercuric iodides, corrosive sublimate, up to the limit of a grain per diem, in divided doses for a child five or six years old, salicylic acid, a favorite of the late McKenzie, chlorine water and nascent chlorine, strongly recommended by Gerhard, of Philadelphia, prepared according to the formula:

Chlorate of potash	3 parts.
Muriatic acid	2 "
Tincture of iron	6 "
Syrup	15 "
Water	40 "

Dose a teaspoonful diluted.

Lately sulphide of calcuium has been highly spoken of, but I cannot pronounce on its merits from personal observation. It should be borne in mind that heart failure, the bugbear of the disease, is not always preceded by a rapid pulse as one would expect; if the pneumogastric is involved the pulse is frequent, but the opposite occurs if the cardiac branches of the sympathetic are affected. The remedies are absolute rest in the recumbent posture, stimulants, digitalis in small doses, mush, camphor, caffeine and strychnia, either by the mouth or hypodermically.

Seibert has been experimenting with only indifferent results with injections of chlorine water into the sub-diphtheritic mucous membrane, the fluid being introduced with a many pointed syringe, and the operation followed by a gargle of iodine, carbolic acid and water. In the *Glasgow Medical Journal*, Bannatyne speaks of injections of attenuations of the erysipelas poison, with the expectation that the product of another microbe may act as an antidote to the Lœffler bacillus; and it is to be hoped that the problem may be solved along the same line as that pursued by Pasteur in his triumphs over hydrophobia and other dread diseases.

Amongst the complications albuminuria is not rare in the early stages, but if it persists, casts of the tubuli should be looked for, and the ordinary treatment for nephritis adopted. This is

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occasionally interstitial in character, and then more apt to become chronic. Adenitis, usually cervical, seldom leads to suppuration, but may leave the glands permanently hypertrophied. In the acute stage ice bags are useful, also ice taken frequently by the mouth.

I have had a few cases with extraordinary edema of the uvula interfering with deglutition, and have found two or three applications of Monsel's solution and water in equal parts, comforting to the patient.

I have seen but one instance of diphtheritic conjunctivitis—a rare complication. It was bilateral and complete, the eyes covered as with a mask of leather; treatment was unavailing. Sloughing of the cornea and total blindness ensued. Boracic acid or other mild antiseptics should be used. The paralyses that follow the disease are manifold, the most frequent being ciliary and ocular, glosso-pharyngeal pheumogastric, sometimes in one branch alone, and paraphlegia.

The lesion in all such cases appears to be peripheral neuritis. For the purpose of obviating it, the syrup of triple phosphates might be administered during convalescence, and, in the way of treatment, a very mild interrupted electric current would be a useful adjuvant.

Secondary middle otitis is not infrequent, but requires or admits of no special treatment apart from that employed in acute inflammation in that part. In washing the nasal passages it is well to direct the patient to keep the mouth open in order that the fluid may not enter the Eustachian tube and perhaps carry disease germs with it.

I have refrained from quoting from experience illustrative cases, and shall close with the following reference.

A boy aged 14, had diphtheria a year ago, followed by temporary presbyopia, convergent strabismus, gloso-pharyngeal paralysis and paraplegia. These symptoms subsided in a few months and were followed by a very great loss of memory of facts, without aphasia, which continues up to the present. The patient being apparently well nourished and physicially robust, I am at a loss to locate the anatomical lesion, and simply mention the matter as a curiosity, in the hope that some one present will solve the difficulty.—W. Britton, M.D., in *The Canada Lancet.*

A Promising Agent in Respiratory Therapeutics.

As we progress in therapeutic investigation we come nearer to the ideal in the treatment of diseased conditions, the identification of the specific action of certain remedies upon special organs or tissues of the body. The scientific world seems now to have taken another step in the direction of this goal in the demonstration of the specific effects of cocillana, a plant of Bolivia, South America, upon the respiratory tract. First introduced to the scientific world by Dr. H. H. Rusby in 1886, it has been christened *Sycocarpus Rusbyi* after the doctor who brought it forward.

The bark is the portion of the plant used in medicine, in the form of a fluid extract, dose from ten to thirty minims. It has been demostrated to be of especial value in chronic bronchitis, in which the secretion gradually becomes less viscid and diminishes in amount. It is also useful in broncho-pneumonia. It is certainly worth trying in all obstinate affections of the respiratory tract. The drug somewhat resembles ipecacuanha, sometimes producing slight nausea. It is also observed to have a laxative effect upon the bowels.

The use of a disinfectant of the atmosphere, recommended by some one, which has gone the rounds of the medical journals, and which consists mainly of turpentine and carbolic acid, can justly be questioned on the grounds of safety. A death from its use has been reported by a Danish writer, the symptoms being those of carbolic acid poisoning. If used at all it should be with due caution and not continued long at a time.

Good Roads.

A movement is on foot to establish a National Road Department in Washington, to have supervision over all our highways. Petitions are being circulated, which, when signed, are to be sent to Congress asking for such department. This is a step in the right direction, and we are sure that all doctors will be interested.

For further information address Albert A. Pope, P. O. Box B., Boston, Mass.

To Fight Diphtheria.

A. M. Levy has bequeathed to the French Academy of Medicine a sum of 50,000 francs ($10,000), the interest of which is to be handed over every year to the Pasteur Institute, to be applied in the furtherance of researches on diphtheria. The capital sum will be given as a prize to the discoverer of a genuine cure for that disease.—*Medical Record.*

The Alkaloid says of Prof. Waugh's "Outline of Treatment with Dosimetric Granules": "This is an exceedingly timely as well as useful little book. . . . With this little book, a judicious selection of dosimetric granules and some common sense, the physician should be well equipped for the combat with disease." Price only 50 cts. See order Blank, page xxvi.

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Class-Room Notes.

From the *College and Clinical Record.*

PROF. HARE recommends aconite in cases of *Hypertrophy of the Heart.*

PROF. KEEN favors the opening of a *Felon* with the knife as soon as possible for the surgeon to do so.

ICHTHYOL OINTMENT is recommended by Prof. Hare in the treatment of *Articular Rheumatism.*

PROF. PARVIN recommends the emptying of the rectum and bladder before a *Vaginal examination.*

PROF. WILSON favors the giving of *antipyretics,* in small, occasional doses, in long-continued fevers.

ARSENIC is recommended by Prof. Hare in cases of *Anemia* due to a reduction in the amount of hemoglobin in the blood.

PROF. KEEN says that very often *Running Sores of the Ear,* which continue on and off for years, have a tendency to result in an abscess of the brain.

PROF. HARE says that in severe cases of *Chorea,* arsenic and the hot pack will be found to act almost as a specific in the great majority of instances.

PROF. KEEN, speaking to his class in regard to *Poultices,* condemned the bread-and-milk poultice. He contends that there is great danger of infection from it.

PROF. HARE says that in cases where digitalis will have no effect, and is indicated, the administration of *Adonidine* will often give good results.

PROF. WILSON says that in the cases of *Gouty Rheumatism* the anti-rheumatics yield poor results. Blistering will not be of any value for permanent relief, but may give temporary relief. He advises the administration of cod-liver oil in the earlier stages, but not in the later. In the later stages he prescribes some arsenical preparation, preferably Donovan's solution, beginning with five drops three times a day, increasing one drop every other day, until the physiological effects of the drug are experienced.

PROF. KEEN recently called his class's attention to the important fact, that in cases of pure *Abscess of the Brain* the temperature will be subnormal.

PROF. HARE says that in cases of *Amenorrhea,* in which apiol is prescribed, in order to have good results, it should be administered at least one week prior to the time for the regular flow.

PROF. WILSON, in cases of *Lead Poisoning,* recommends the following treatment: a laxative dose of the sulphate of magnesium every day and ten grains of the iodide of potassium three times a day.

IN cases of *Delirium Tremens* Prof. Keen gives from 1 to 2 grains of opium combined with 1 or 2 grains of chloral; this to be followed by a laxative; or, if this will not move the bowels, a purge should be administered the patient.

PROF. WILSON, in the earlier stages of *Influenza,* prescribes antipyretics, but in the later stages he orders quinine to be given. He especially recommends turpene hydrate as an efficient and useful expectorating agent in this disease.

GOOD results have been obtained in cases of *Whooping Cough,* treated by Prof. Hare, by administering one or two grains of antipyrine every hour in children. It tends to decrease the number of coughing spells.

AFTER an operation for *Strangulated Hernia* Prof. Brinton is in the habit of giving his patient one grain of opium, in order to constipate him for a time. When he wishes to move the bowels he orders a weak saline to be given.

IN cases of *Hectic Fever* in phthisis Prof. Hare does not favor the use of antipyretics for the reduction of the temperature, as they are liable to bring on profuse and exhausting sweats. In their place he recommends cold sponging.

PROF. WILSON highly recommends cold bathing in cases of *Enteric Fever,* basing his belief on results obtained in the treatment of almost 200 cases, in which number he only had a death-rate of $6\frac{5}{10}$ per cent. against a general death-rate of 15 to 16 per cent. in this disease. He uses very few drugs in this disease.

IN puncturing the chest on account of an accumulation of pus in cases of *Empyema,* Prof. Keen recommends that it be done no lower than the eighth or ninth intercostal space. If the operation be done lower than this, there exists great danger of perforating the diaphragm on account of its convexity.

Formulas.

DIPHTHERIA.—Ozegowski recommends the treatment of faucial diphtheria by the local application of the following mixture:

R.—Acid. carbolici. cryst.
Acid. citric. cryst.
Tinct. iodi.....aa ,45 to 75 grains,
Cognac (fine champagne) .....3½ ounces,
M.—Ft. sol.
Sig.—To be painted on with a cotton wool swab every two or three hours.

As an adjuvant he advises liberal nutritious diet. Acid drink (lemonade), and in older children chlorate of potash or chlorate of sodium gargle.—Nowing Lekarski, March, 1892.—*Pacific Med. Record.*

DIPHTHERIA.

R.—Quinini bisulph.....gr. xx
Sulphuris.....dram j
Yerbæ santæ syrup.....ounce j
M. Sig.—One-half teaspoonful every three or four hours.
—Bolio, *Ex.*

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DIPHTHERIA.—For the child from two to six years of age, Dr. J. H. Hieber, of Pittsburg, Pa., advises the use of:

R.—Hydrarg. chlorid. mitis.
Salolis.
Sacchar. alb.....aa drams ss
M. et. div. in chart. No. XXX.
Sig.—One powder every hour.

He has seen this combination cause disappearance of the membrane in forty-eight hours. He follows the powder by:

R. Potass. chlorat .....drams ss
Quinin. sulph.....gr. viij
Glycerini.....fl. drams ij
Sp. vini gallici.....fl. ounces ss
Aq. menth. pip.....fl. ounce j
M. fl. sol.
Sig.—Teaspoonful every four hours.

—*Med. Bulletin.*

PERMANGANATE OF POTASSIUM IN DIPHTHERIA.—Bowman reports several cases of diphtheria in which most excellent results were obtained by the use of a solution of permanganate of potash of the strength of three grains to the ounce. Three or four applications an hour were made directly to the membrane with a large camel's hair brush for eight or twelve hours. After this, once every two to six hours is sufficient. In some cases a spray is a better method of application. —*Med. and Surg. Jour.*

CHRONIC PHARYNGITIS—Professor Frankel, besides advising abstaining from the smoking of cigarettes and the use of irritant foods, employs the following:

R. Tr. myrrh.....dram iv.
Tr. pimpinellæ.....dram j.
Ess. menthæ pip., ...gtt. xv.
M. Sig.—Fifteen to twenty drops in a tumbler of water as a gargle.

—*Med. Bulletin.*

COUGH.

R. Potassii iodidi.....dram j.
Potassii chloratis.....dram j.
Liq. acidi carbol.....minims iv.
Syr. aurantii. .....ounces ij.
M. Sig.—Teaspoonful every four hours until relief is obtained.

I find the above prescription to be the best cough mixture I ever tried. It will stop a cough of long standing in three days.—Watt, *Med. Brief.*

PERTUSSIS IN CHILDREN.

R. Bromoform.....minim 24-48-72-92
Tinct. opii. camph.....drams ij - ounces ss
Syrup acac.....ad. ounces iij
M. Sig.—Dram j three or four times daily; the first dose of bromoform being for a child of one year; the second, two years; third, three years; and the fourth, four years old.

—*Med. Record.*

FORMULA USED FOR PAINFUL GUMS IN CHILDREN.

R. Cocaine hydrochlor.
Camphor (powdered).....aa x cntgrms.
Glycerin.....x grms
Essence of mint.....q. s. to flavor
M. Sig.—Rub a little of this on the gums with the finger.

—*Archives of Pediatrics.*

BRONCHIAL CATARRH.—The following formula I have used for some years past with very gratifying results:

R. Liq. potassii arsenitis.....dram j
Syr. ac. hydriodici (Hostelley & Co's), q. s. ad ounce iij
M. Sig.—Take one teaspoonful in water after meals.

The advantage of this combination will be understood when we recall the fact that, while iodine renders yeoman service in removing the waste products from the system, it lacks that peculiar property of causing fatty degeneration of morbid tissue possessed by arsenic. Both drugs acting together will accomplish more than could be expected of one of them alone.—Dr. John Aulde, in *New York Medical Journal.*

DIPHTHERIA.—Nedzwiecki, of Serdobsk, highly recommends the following:

R. Aquæ calcis.....ounces vj.
Acidi salicylici.....dram j. M.
Sig.—To shake well before using. A teaspoonful (to a child of 1 year), or a dessertspoonful (to children from 2 to 10), or a tablespoonful (to children above 10, and adults), every hour day and night; later on, as the improvement advances, every two and then three hours; after a complete disappearance of pseudo-membrane, three times daily, to continue for several days.—*Ex.*

DIPHTHERIA.

R. Hyd. chlo. corrosiv.....gr. j.
Spts. vini. rectif.....ounce ij.
Elix. bism, et pepsin.....ad ounces iv.
M. Sig.—Teaspoonful every two hours for a child of six years.—*Ex.*

PNEUMONITIS.—In the first stage of pneumonitis, and in other diseases in which a febrifuge is called for, the following has proved of great service:

R. Tr. veratri viridis, ...minim 40
Tr. cinchonæ comp.....ounce j
Potass. acetatis,.....ounce ss
Morphini acetatis,.....gr. j
Aquæ dest., q. s. u. f.....ounce ij
M. Sig.—dram j every two hours.—*St. Louis Clinic.*

PLEASANT COUGH MIXTURE.

R. Ac. hydrocyan dil.....minim iij
Syr. picis liq.
Syr. prun. virg., ...aa ounce ss
Spts. menth. pip.....minim x
Syr. simp., q. s.....ad ounce ij
M. et. Sig.—Half to teaspoonful every two or three hours.

The mixture is quite pleasant to take and will promptly check a cough without producing nausea.—*Ballard Miss. Med. Monthly.*

FORMULAS ASKED FOR.

Harris Cancer Cure.
Dental Surprise.
Celery Cure for Neuralgia, or Nerve Food.

FOR DIPHTHERIA.

R. Eucalyptol (Sander and Son).....ounce j
Alcoholis (puriss.).....ounces x
M. Sig.—Apply thoroughly to the affected parts every hour, by spray or mop.
Also, use internally:
R. Eucalyptol (Sander and Son).....drams iv
Sig.—two drops every hour.

Reviews.

ECLECTIC VISITING LIST. Price 75 cents net. John M. Scudder & Sons, 228 West Court St., Cincinnati, O.

This is a perpetual visiting list, to be kept with signs, accommodating twenty patients per week. It contains the usual tables found in visiting lists, besides a brief table of indications and doses of Eclectic remedies.

MINERAL SPRINGS AND HEALTH RESORTS OF CALIFORNIA, with a complete chemical analysis of every important mineral water in the world. By Winslow Anderson, M.D., M. R. C. P., (Lond.) M. R. C. S., (Eng.) etc. Cloth, illustrated, price $1.50.

This is the essay which was awarded the annual prize of the Medical Society of the State of California. It is certainly a splendid volume, whose contents are in the highest degree interesting and instructive.

CATALOGUE OF BOOKS AND PAMPHLETS ON THE CONSTRUCTION AND MAINTENANCE OF ROADS. By Col. Albert A. Pope, Boston, Mass.

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A SYNOPSIS OF THE VARIOUS POINTS OF INTEREST IN POST-MORTEM EXAMINATIONS. By Charles M. Merz, A.M., M.D., of Sandusky, O.

This is a reprint that should be in the hands of every physician.

ADDRESSES DELIVERED BEFORE THE MUTUAL AID ASSOCIATION OF THE PHILA. CO. MED. SOCIETY, for the Relief of Widows and Orphans of Medical Men. By Drs. Billings, Keen and Willard. Address Dr. De Forest Willard, Phila., Pa.

This pamphlet is of interest to those physicians who are studying the financial side of the profession.

THE International Congress of Charities, Correction and Philantrophy will hold its annual meeting in Chicago, June 12th to 18th of this year. A grand movement, in which physicians have been unconsciously and silently working for ages.

THE EFFECT OF THE DISEASES OF THE EAR UPON THE GENERAL CONDITION. By Wm. Cheatham, M.D., Louisville, Ky.

THE BULLETIN OF THE AMERICAN ACADEMY OF MEDICINE, monthly, Easton, Pa., $3.00 per year, is devoted largely to a discussion of the proper education of the physician, including his preparatory training. Charles McIntyre, M.D., Editor, Easton, Pa.

HOWEVER much one may have differed politically from Mr. Blaine, he cannot fail to be interested in the striking personality of the man, a personality which possesses a phenomenally intense and universal interest for the people at large, quite independent of any immediate connection with the questions of the day. The February *Cosmopolitan* presents a careful review of Mr. Blaine's characteristics as a man and statesman, prepared by Mr. T. C. Crawford, and illustrated by numerous sketches of his home, and famous cartoons apropos of striking phases of his political career. Curiously enough, this is found side by side with General Badeau's sketch of Lord Beaconsfield. Badeau, when Secretary of Legation, was acquainted with Disraeli, and the alternately bizarre and magnificent political figure cut by this extraordinary man is described in a most readable manner. The second article in the series of the "Great Railway Systems of the United States" also appears in this number, the Atchison, Topeka & Santa Fe, with its more than ten thousand miles of track being treated. The story is told of its early beginnings, of the autocratic power wielded by its managers over more than one-quarter of our territory. Few people not living on the line of this road have any conception of its marvellous importance. A delightful Japanese story, "Toki Murata," and a *jeu d' esprit* entitled "June 1993," from the pen of Julian Hawthorne, are unusually entertaining; the flying-machine has never given opportunity for a wittier, and at the same time more valuable speculation than Mr. Hawthorne's. The making of beet-root sugar is one of the rapidly growing interests on the North American continent, but the first time in magazine literature it is here thoroughly explained in every process, helped out by photographs of the seed, the roots, the method of cultivation and the most improved machinery for conversion into sugar.

We feel that we are doing mankind a service in calling especial attention to the *Cosmopolitan*, the most liberal and progressive magazine of the present day. Every physician should take it for his every-day reading.

THE RHODE ISLAND MEDICAL SCIENCE MONTHLY. $1.50 per year. 271 Washington St., Providence. This is a new candidate in the field for journalistic honors. It is well edited, well printed, and is well worth the subscription price. We wish it success.

THE NEW YORK THERAPEUTIC REVIEW: QUARTERLY, $1.00 per year. Paul Gibier, Editor, Central Park and West 97th St., New York, N.Y.

This is a magazine of a highly scientific tone. It will contribute materially to the advancement of medical science in America.

THE NEW YORK POLYCLINIC, monthly, edited by the faculty of the N. Y. Polyclynic, $2.00 per year. Ferdinand King, M.D., publisher, 218 East 34th St., New York.

The genial Dr. King has hosts of warm friends, among them THE WORLD, who wish him success.

THE AMERICAN WOMAN.—Marion Crawford is evidently utilizing his social opportunities during his present American visit for a study of American women and in the next issue of *The Ladies' Home Journal* he will give the results of his observations and describe "The American Woman" as she appears to him after an absence of ten years; in what respects she has changed, and whether she has improved in her dress, manners and tendencies.

AMERICAN CLIMATES AND RESORTS. A monthly journal devoted to climatology and related topics, $1.00 per year. The Resort Co., 100 State St., Chicago.

"PHYSICIAN, HEAL THYSELF" AND "MODERN MEDICAMENTS," two excellent reprint articles by C. B. Meding, M.D., 132 West 126th St., New York, N. Y.

A PRACTICAL GUIDE FOR BEGINNERS TO THE DISSECTION OF THE HUMAN BODY. By Irvin S. Haynes, Ph.B., M.D.; 123 pp. oblong 12 mo.; $1.00, published by E. B. Treat, New York.

The little work divides the work into three courses of three weeks each, and seems to be very practical.

"FISSURE OF THE ANUS AND FISTULA IN ANO." By Dr. Lewis H. Adler, Jr., Leisure Library Series, 78 pp. illustrated. 25 cents. The subject is well handled.

ENDOMETRITIS (CURETTAGE) reprint from Journal of Orifinal Surgery, Dec. '92, by T. Griswold Comstorn, M.D., St. Louis. The author's methods are admirable.

CLINICAL REPORTS ON INSANITY, by the Medical Staff of the Maryland Hospital for the Insane, by Geo. H. Rohe, M.D., and others. Extracted from the ninety-fifth annual report of the Hospital. Paper, 54 pp.

THE PHYSICIAN, HIS RELATION TO THE LAW AND THE LEGAL RULES GOVERNING THE COLLECTION OF HIS FEES. By H. G. Blaine, A.M., M.D. Paper, 25 cents. Blaine Bros., Toledo, O.

This work is an excellent compilation of legal information of especial interest to physicians. The physician cannot too clearly understand the legal principles governing his relations to his patients and to the public. We commend Dr. Blaine's book to the physician engaged in active practice.

THE HOME-MAKER FOR 1893. The proprietors and publishers of *The Home-Maker* point with pride to the increased attractiveness of the magazine during the past year, which has resulted in an enormous growth in circulation, and in advertisements of a high class.

The policy of the publishers is to spare no trouble or expense which will render *The Home-Maker* the

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equal of any monthly magazine published in this or any other country. The success attending the carrying out of this policy will stimulate us to further efforts for the new year. The editorial department will remain in the capable hands of Mrs. J. C. Croly, Mr. J. Martin Miller and Mrs. F. W. Sidney. The popular contributors of the past will again demonstrate their ability to please, and arrangements have been made with new contributors from all parts of the civilized world for a series of instructive and amusing articles. The illustrations of these will be of an even better quality than those which in the past have earned such high praise, and to all our old subscribers, as well as to the countless others we hope to enroll, we fearlessly announce our determination to make *The Home-Maker* of '93 equal to any—second to none. The Home-Maker Co., 36 Union Square, New York.

To all physicians who would like to put in the hands of their married patrons, or those who contemplate marriage, a reliable magazine teaching the principles of marital purity, we commend the weekly magazine, *The Christian Life*, price 50 cents per year, published by J. B. Caldwell, Morton Park, Ill.

CORRECTION.—In our review of Lippincott's International Clinics, page 68, February WORLD, the price is incorrectly stated. It should be $2.75 and $3.00 instead of $1.25.

THE Pope Mfg. Co., Boston, issue a beautiful and romantic hanging or office calendar. Send for one.

We wish to call your attention to the following pamphlets:

CATARRHAL HEADAHE; ENLARGED TONSILS. Each by William T. Cathell, M.D., Baltimore, Md.

THE WEATHER AND CLIMATE: CLOTHING. By Geo. Wilkinson, M.D., 1406 Farnham St., Omaha, Neb.

MEDICAL HEMORRHAGE TREATED BY SALINE INFUSION; WATER AS A LOCAL ANESTHETIC; ITS DISCOVERY AMERICAN, NOT GERMAN. By Robt. H. M. Dawbarn, M.D., 105 West 74th St., New York.

BALD HEADS. By Albert E. Carvin, M.D., Detroit, Mich.

For Ourselves and Others.

WHY SO MANY STUDY MEDICINE.—One explanation of this is offered by the *British Medical Journal*, which is of the opinion that "it is the honor of being called doctor and being respected that entices many into the medical fold." There is a legend in an ancient Buddhist manuscript of the early days of the physician of the Gotama Buddha, whose name was Jiwaka, which puts the case of the aspirant for medical honors very aptly. It having become necessary for youthful Jiwaka to select a profession, "he considered the character of the eighteen sciences and the sixty-four arts, and determined that he would study the art of medicine that he might be called doctor, and be respected, and attain to eminence." This, although coming from the flowery east, is a good deal more practical and much less poetical than some of the reasons urged for studying medicine in announcements of too numerous medical colleges.—*Medical Age.*

THE physicians who have heretofore believed that a perfect portable galvanic battery could not be had are referred to the house of Jerome Kidder & Co., New York, where they will find just what they want.

A DOCTOR ordered a first-class self-registering thermometer. A few days after receiving it he wrote that he had had it on ice three days but couldn't get the mercury down. The dealer *shook it down* and the doctor was satisfied.—*Atlanta Med. and Surg. Jour.*

GRANVILLE, MASS., Jan. 11th, 1893.

I find I can regulate the pressure much better with the Empire bandages than with an Elastic Stocking—hence can use them where I cannot the Elastic Stocking or knee-cap.—C. W. BARTLETT, M.D.

MILTON, PA., Oct. 4th, 1892.

"The Empire Supporter is the best and most comfortable supporter I ever used."—H. M. EMERICK, M.D. Address The Empire Mf'g. Co., Lockport, N. Y.

THEIR NEW JOKE.—A physician in Illinois had a well dug. When it was about completed he went down into it to inspect the work, and the walls collapsed and buried him. But it served him right, for he ought to have been attending to the sick and let the well alone.—*Primrose Minstrels.*

WE have personally used the sabalol spray, made by T. C. Morgan Co., New York, and find it a very excellent protective, antiseptic and healing application, especially in catarrhal conditions of the nasal passages.

Gems From Myer Bro.'s, Druggist.

MOTTO: The friends you buy with dollars are always ready to sell you for pennies.

THE CHARMS OF STUDY.—Cicero declared that he would willingly forego all of the wealth and glory of the world to spend his time in meditation and study.

WE DARE SAY you will feel to determine how fast your hair is coming out when you read that "idiots are seldom bald-headed."

DR. W. C. ABBOTT, Ravenswood, Chicago, Ill., is an enterprising conscientious dealer in Dosimetric granules. We believe that all who have patronized him are pleased with his goods.

THE English historian, Freeman, who always opposed vaccination, has just died of small-pox.—*Ex.*

THE Philadelphia Dosimetric Co. has removed its office and laboratory to elegant and commodious quarters at No. 10 South Eighteenth St., Philadelphia.

A GREAT many scientific physicians have used McArthur's Compound Syrup of the Hypophosphites with the greatest satisfaction.

THE greatest Pepsin house in the world is that of Armour & Co., Chicago.

THE finest new pharmaceutical specialties are introduced by W. H. Schieffelin & Co., New York.

A VALUABLE PRESCRIPTION FOR DYSPEPSIA.

R. Tinct Colombae.....2 oz.
Celerina [Rio].....6 oz.
M. Sig.—Teaspoonful thrice daily.

FOR Ford's Essence of Pepsin and other elegant pepsin preparations, address, New York and Chicago Chemical Co., New York.

SARGENT'S Thymoline Soap is sweeping the field. Sample free. Address Hall & Ruckel, 216 to 220 Greenwich St., New York, N. Y.

FOR fine concentrated Medicaments, address B. Keith & Co., 75 William St., New York.

TARRANT'S Seltzer Aperient is a pleasant laxative salt.

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FOR hyper-excitation of the nervous system, use Peacock's Bromides.

FORBE'S Diastase is superior to the ordinary extracts of malt. Free sample. The Forbes' Diastase Co., Cincinnati, O.

SEIDLITZ-DOSIMETRIC, made by the Philadelphia Dosimetric Co., No. 10 South Eighteenth St., Philadelphia, is an elegant, superior and cheap laxative. It is specially indicated in febrile conditions, septic states of the digestive tract, peritonitis, rheumatic diathesis, and wherever a gentle laxative is required.

A TEXAS editor thanks God that "he was born where he was." He is evidently under the impression that he was in danger of being born where he wasn't.

I. Phillips, 14 Marietta St., Atlanta, Ga., does business on business principles. See his "cut rates" in surgical instruments.

Cocillana is winning golden opinions from the medical profession in regard to its value in diseases of the respiratory passages. Parke, Davis & Co., Detroit, Mich., are entitled to credit for having brought out this latest valuable addition to our materia medica.

The Upjohn Pill and Granule Co., Kalamazoo, Mich., are taking great pains to furnish what the physician needs for his practice.

Have you yet tried Micajah's Medicated Uterine Wafers in your gynecological practice? Address Micajah & Co., Warren, Pa.

THE BEST DISINFECTANTS.—The Health Department of the city of New York has contributed much towards a proper understanding of the uses of disinfectants, and the following summary of the results recently determined by this department, as showing the relative value of the below-named germicidal chemicals, may be relied upon as accurate and conclusive. The germ-destroying power of the several agents was tested on the ordinary bacteria of putrefaction. They ranked in effectiveness in the following order:

Corrosive sublimate 64 grains to the gallon;
Carbolic acid, 5 per cent. solution;
Bromine, 1 pound to 200 gallons;
Permanganate of potash 17¾ ounces to 200 gallons;
Chloride of lime, 4 ounces to the gallon;
Sulphate of iron, 1½ pounds to the gallon;
Sulphate of zinc, 4 ounces to the gallon;
Common salt, 2 ounces to the gallon.

—Thomas J Keenan, in *American Druggist.*

Terraline is a first-class reconstructive in diseases of the respiratory passages. Bottle free for express charges. The Terraline Co., 1816 L street, Northwest, Washington, D. C.

Fellows' Syr. Hypophosphites is recognized as the standard tonic.

In coughs and incipient consumption, try Freligh's Tablets.

Wm. R. Warner & Co., 1228 Market St., Philadelphia, Pa., manufactures a fine line of pharmaceutical specialties, besides a complete line of standard drugs and chemicals.

The work of replacing a broken pane of glass may be greatly simplified by running a hot iron around the old putty, which loosens it, when it may be easily scraped off, and the broken pane removed.

W. D. Allison Co., Indianapolis, Ind., ship their celebrated office and operating chairs and tables to London, England, to the Pacific coast, and to all large cities of the Eastern States. They also make an excellent rolling chair.

Dr. Breitbach, of Badkrenscha, Dresden, Germany, November 17, 1892, says:—I have tried bromidia in a case of insomnia, caused by severe neuralgia, and the result was most satisfactory. Before I prescribed this preparation the patient always asked for injections of morphia, but never afterwards. I think that bromidia will be of great service in cases where one wants to wean a patient from the habit of taking morphia. I shall certainly continue to prescribe the preparation.

MINGLED FAITH AND PATRIOTISM.—"I don't want any castor oil," said a sick Boston boy, petulantly, "and I won't take it."

"Why, Horace," expostulated the mother, "don't you know that castor oil is made from beans?"

And the little boy, whose faith in his mother is perfect, took the dose, and feebly asked for more.

IN an epidemic of diphtheria, or when the disease is raging in the household, there is no measure of greater importance than that of thorough disinfection. For this purpose we suggest that you make a fair trial of Platt's Chlorides. The result will not disappoint you.

JUSTICE—"Officer, what is the prisoner charged with?" Officer Lafferty—"Well, your honor, I'm not much of a judge, but it smells to me a good deal like whiskey."

A GENTLEMAN, having had his boots cleaned by a boy in a Dublin street, paid the shoeblack with a considerable degree of haughtiness, on which the little fellow, when the other had got a short way off, said: "Arrah, now! all the polish you have is on your boots, and I gave it to ye."—*Tit-Bits.*

URETHRAL AND VESICAL IRRITATION AND INFLAMMATION.—I am pleased to add my name to the list of practitioners who endorse and recommend *Sanmetto.* I have never been disappointed by its failure to act beneficially in all cases of urethral and vesical irritation and inflammations where it was employed. I shall continue to use and recommend it in my practice, knowing I can depend on its giving desired results.—WM. H. ROTHERT, M.D., Cincinnati, O.

MANY physicians are recommending the use of Horlick's Malted Milk as a table drink in place of tea, coffee, cocoa, etc. The evil effects of long continued use of tea or coffee are well known, but the difficulty has been to provide a pleasant and satisfactory substitute. Malted Milk is a perfect soluble combination of pure cow's milk and an extract of malted grain, and when served either hot or iced it makes one of the most pleasant, refreshing and nutritious drinks imaginable, little if any more expensive than the ordinary drinks, and far more healthy and nutritious for continued use. Does not stimulate but aids digestion. Prepared by simply adding water. Address the Malted Milk Co., Racine, Wis., for samples.

PRELIMINARY ANNOUNCEMENT OF THE FIRST PAN-AMERICAN MEDICAL CONGRESS.

Every progressive American physician and surgeon will want to belong to this distinguished scientific body, which meets in Washington on Sept. 5th to the 8th, 1893. Address C. A. L. Reed, M.D., Secretary-General, Cincinnati, Ohio.

Small Boy—"Papa, what are roosters?"
Father—"Gentleman hens, my son."
Small Boy—"Do they lay eggs or hatch chickens."
Father—"No."
Small Boy (meditatively)—"Only hens and ladies hatch chickens and children, consequently I won't have the anxiety of hatching children."

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Since January 1st of the current year I have been experimenting with Saw Palmetto, and I am satisfied it is one of, if not *the* most valuable remedy in our materica medica for a certain class of ailments. In prostratic troubles, enlargements, inflammations, etc., I have never found its equal, while in cystitis it acts like a charm. It acts specifically upon the entire reproductive system. I know it enlarges the mammary glands, for I have proven it repeatedly. In catarrhal trouble it satisfies me entirely. I have been subject to a bronchial trouble for over seven years, which no medicine has relieved. The palmetto has eradicated the trouble in four months. One patient (a lady) had been unable to rise in the morning for two years without a cup of coffee and something to eat. The palmetto cured her in one week. In nervous debility, arising from uterine trouble, I have never found its equal. In the case of a man who had been unable to perform the sexual act in one year, he reported himself completely restored in thirty days.

In the case of a lady to whom I gave it for nervous debility, she reported that her sexual passions made her almost furious from its use. I discontinued using it. In the case of a man 76 years old, who had been compelled to draw his urine for three years from enlarged prostate, I completely cured him in four months. A man who had passed blood upon urinating for six months was completely cured in two weeks. In cases of incontinence of urine it does the work satisfactorily.

I first started out by using the fluid extract. This acts well, but it does not unite well with water, and is disagreeable to the taste. Later I have used Sabalol Balsam, a preparation made from the active principle of the palmetto, which I find acts more quickly, and is more palatable. I get it through my druggist. It is put up by T. C. MORGAN Co, 32 Platt Street, New York.—J. M. Showerman, M.D., of Rome, N. Y., in the *Cincinnati Eclectic Medical Journal.*

HUMAN NATURE.—A little boy of four years has for some time had a habit of waking about midnight and calling for a drink of water. At last his mother told him that she would not get up any more to wait on him; that she would put a pitcher of water and a glass on the stand near his bed, and that if he wanted water in the night he must get up and get it himself. She placed the water on the stand in his sight and left him. That night, at the usual time, she heard the boy's call—"I want a d'ink o' water! I want a d'ink o' water!" But she paid no attention. He called two or three times, and after he had whimpered a bit she heard him get up and thump along the floor to the stand. And through the darkness came this very positive ejaculation, "I hope I thpill every jam jop."—*Med. Review.*

WOULD TAKE AN ADDITIONAL BOTTLE.—Customer —How much do you charge for the new cough syrup which you advertise?

Clerk—Two dollars for the first bottle and one dollar for each additional bottle.

Customer—Then I think I'll take an additional bottle. I can get along without the first.

HASSAN AND THE THREE YOUNG MEN.—The wise old Hassan sat in his door, when three young men passed eagerly by.

"Are ye following after anyone, my sons?" he said.

"I follow after Pleasure," said the eldest.

"And I after Riches," said the second; "Pleasure is only to be found with Riches."

"And you, my little one?" he asked of the third.

"I follow after Duty," he modestly said.

And each went his way.

The aged Hassan in his journey came upon the three men.

"My son," he said to the eldest, "methinks thou wert the youth who was following after Pleasure. Didst thou overtake her?"

"No, father," answered the man. "Pleasure is but a phantom that flies as one approaches."

"Thou didst not follow the right way, my son."

"How didst thou fare?" he asked of the second.

"Pleasure is not with Riches," he answered.

"And thou," continued Hassan, addressing the youngest.

"As I walked with Duty," he replied, "Pleasure walked ever by my side."

"It is always thus," said the old man. "Pleasure pursued is not overtaken. Only her shadow is caught by him who pursues. She herself goes hand-in-hand with Duty, and they who make Duty their companion have also the companionship of Pleasure."—*Ex.*

CUMSO—Well, McBride, is there as much billing and cooing as there was before marriage?

McBride—The billing has increased largely.

AN ENGLISH WANT.—"Wanted, a young man to be partly out-doors and partly behind the counter." The trade journal which quotes this gem of English composition inquires with solicitude, as to what will happen when the door slams—and no wonder.—*London Cor. Printer's Ink.*

"Think for yourself; one growing thought
If known to be your own,
Is worth a thousand gleaned from fields
By others sown."

Editor MEDICAL WORLD:—"The Physician as a Business Man" is the largest book of its size I ever saw. Please send me Prof. Waugh's "Outline of Treatment." I hope to be as well pleased with it as with "The Physician as a Business Man."

Dongola, Ill. J. D. HART, M.D.

LINES written on a visit to the anatomical department of the Post-Graduate Medical School:

The night is dark and dreary, the winter wind gives
forth its mournful wail.
A strange emotion swells my soul, I feel my heart
grow faint.
I stand within the whitewash'd walls of a scientist's
retreat.
Lo, upon the marble slab there lies the subject of his
skill;
Now cold and stiff and motionless is she, as if at rest.
Ah! now I contemplate with awe the folly of this
world.
O sad, cruel fate, to end a life of toil in such a place!
I raise the cov'ring from the face of one who seems to
smile
A sad and sickly ghastly smile; yet beauty seems to
have
Adorn'd that pale, sweet face in death. How peaceful
seems her sleep,
And as I gaze upon that form with sympathetic soul,
What visions flash across my mind, of suffering and
death.
I now behold her as a child, pure, innocent, and mild,
And at her mother's feet she kneels and lisps a prayer
to God:
But here she lies with dumb cold lips upon that marble
slab.
Those lips must oft have spoken love; those eyes have
shown for one,
But was he faithful to his vows, or was it she who
wrought

(*Continued on next leaf.*)

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THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D., J. J. TAYLOR, M. D., } EDITORS.

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"THE MEDICAL WORLD,"

1520 Chestnut Street,

PHILADELPHIA, PA.

Vol. XI. APRIL, 1893. No. 4.

Rheumatism for May Number.

WE were dissappointed in our expectations of devoting this (April) number of THE WORLD to the special subject of Rheumatism, as some of the important papers promised did not arrive in time for publication. Please let us have your best thoughts, experiences, observations, successes and dissappointments in regard to this disease, not later than April 12th, for our May number.

High Temperature.

AT A meeting of the French Association for the Advancement of Science, held September, 1891, M. Mauriel, of Toulouse, read a paper in which he voiced the general belief regarding the effects of high temperatures, so-called. He stated that an animal cannot survive its leucocytes. That a temperature of 111⅕° to 113° F. destroys our leucocytes in a few minutes; that in a temperature of 109⅖° to 111⅕° F., they do not live an hour, and in a temperature of 107⅘ to 109⅖° F., they may live for three hours, retaining their activity, but gradually lose it, and finally die. He further states that a patient never survives a temperature of 107⅘° F. This has been the opinion held by the profession generally.

Some very interesting cases, however, reported from time to time, leads us to materially modify our theories upon this subject.

A compilation of cases of recovery from hyperpyrexia appears in the *Journal of the American Medical Association*, tabulated by Edward F. Wells, M.D., of Chicago. We there find twenty-two cases recovering from a temperature of 107°; twelve ranging from 109.2° to 107.8°; twelve from 108°; ten from 108.1° to 108.8°; seven from 109°; seven from 109.2° to 109.8°; four with 110°; one, 110.5°; seven, 111°; one, 111.6°; three, 112°; one, 112.8°; three, 113°; one, 113.8°; two, 115°; three, 116°; one, 117°; one, 120.8°; one, 125°; one, 125.5°; one, 128°, and one 133.6°.

The diseases cover a wide range, the lowest temperature being in pneumonic fever, rheumatism, sunstroke, measles, sewer-gas poisoning, and laparotomy. In the highest temperature the disease was not stated, the next to the highest being phthisis. These are all reported by competent observers.

Still more remarkable comes the report of Dr. Heler Jones, in the *Memphis Medical Journal*, regarding a case of recovery, where the temperature ran at times up to 157° F., resulting in bursting the thermometer. Such a high temperature seems almost if not quite incredible, but it is vouched for by some twelve physicians, who saw the case. Is it really the high temperature that proves fatal, or is the heat but a secondary factor?

Many writers are now of the opinion that a temperature of 105-107° is not necessarily fatal, that the severe symptoms are not the effects of the high temperature, but of the infection causing the fever.

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This seems to us to be a rational conclusion. It has been our practice to give greater attention to combating and eradicating the cause of a fever, or other ailment, rather than to treat symptoms, and fever is a symptom only. In typhoid fever, for instance, intestinal antisepsis will do far more to allay the fever than all the antipyretics in the list.

Then, too, the antipyretics mostly now in use are depressants, and all such agents are to be avoided. We do not believe that these objections apply to the defervescent alkaloids.

We are glad to see this whole subject being discussed from so intelligent a standpoint as is indicated in the article by Dr. Wells.

Sweet Oil for the Cure of Appendicitis.

DR. M. O. TERRY, a homœopathic physician of Utica, N. Y., reports in the *N. Y. Med Times*, the cure of three consecutive cases of appendicitis without operation, by the internal administration of from one to two ounces of sweet oil every three hours throughout the case, the collateral symptoms—fever, etc.—being treated with their appropriate remedies. The Doctor explains it in the following manner:

"The philosophy of the oil treatment rests on the fact that muscular tissue contracts under irritation; that an irritation continued leads to congestion; that following this we have inflammation which may terminate in suppuration and all its direful consequences.

Before the last stage, the insinuating sweet oil, if given in a systematic manner, and in sufficient quantities, and continued as long as sensitiveness exists, will reach the source of irritation, *allay the inflammatory condition, reduce the temperature, relax the muscular coats of the intestines and appendix*, taking along with it the foreign matter for the outside world.

It is necessary to keep your patient in bed giving him the lightest and most pultaceous food, and poulticing with flaxseed saturated with hot oil. Internally any remedy which you in your wisdom use for inflammation of this kind."

This is an important fact in therapeutics if confirmed by further experience.

Startling Statistics.

DOCTORS see, as much as any class of workers, the sufferings of the innocent and of society at large on account of the dissolute habits of those addicted to strong drink. Among the profession will be found many of the most earnest and intelligent advocates of the complete suppression of the entire traffic in the upwards of 6000 different alcoholic drinks as beverages, well knowing that when so used they do not the slightest possible good, but only evil continuously. Now that the whisky and beer business in this country is mainly owned by foreign capitalists and syndicates, there does not remain even the poor excuse for its legal protection formerly offered, that to deprive it of such protection would interfere with the business of American citizens. The following foreign statistics, reported in the *N. Y. Med. Times*, show a condition which can easily be shown in any country where the drink habit prevails:

The Thirty-fifth Report of the Reformatory and Refuge Union states that in Great Britain and Ireland 145,000 persons are every year committed to prison as drunkards, of whom 112,000 are men and the rest, women.

An English paper, from statistics taken from the press of the United Kingdom, reports the records of murders of women by inebriated husbands, since January 1, 1889, to January 1, 1891, to be 3004.

In a late debate in the German Reichstag it was stated that there are at present 11,000 persons in hospitals and insane asylums who are suffering from delirium tremens.

The police report states that the licensed houses in London, England, number 14,085, giving one to every 413 of the population.

Of the 30,000 criminals in German prisons, 14,000 were arrested for crimes committed under the influence of intoxicating drinks.

Smoking Tobacco to Facilitate the First Stage of Labor.

THE nauseating and relaxing effects of tobacco upon one not accustomed to its use are well known. Advantage may be taken of this (as is done in the case of lobelia and gelseminum) to relax the soft parts of the partrurient canal, and, at the same time, allow the uterine contractions to continue. A cigar or pipe is smoked by the patient until some nausea is produced, when the os and perineum will be found relaxed and dilatable, and the labor will proceed much more speedily. The principal advantages are, a quicker and less painful labor and less danger to the os uteri and perineum.

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Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Heart Failure.

Editor MEDICAL WORLD:—Some years ago I was hastily called to see an old man, aged nearly 80 years, taken suddenly ill. He had called on a tenant, a woman of questionable reputation, and, while engaged in "skylarking," as I was informed, suddenly began to gasp for breath and fell to the floor. I found him lying on a sofa, haggard, gasping, covered with clammy sweat, dreadfully agitated, voice husky, extremities cold, pulse fluttering, and almost imperceptible. I gave brandy hypodermically and nitro-glycerine by the mouth and he revived a little, so that I sent him home in a carriage. He died the following night. Diagnosis: heart clot.

Last spring I treated the foreman of a printing office for a broken tibia. Knowing the nature of the printer, he was unusually anxious to get to the office, and, at the earliest practicable moment, I put the leg in plaster and let him go to the office. Here he found things in the condition to be expected; the main press broken, etc. To his angry expostulations he received some chaffing answers that had the effect of unduly rousing his wrath. Result: He had a sinking spell and was taken home in much the same condition as the case first described. I gave him nitro-glycerine dosimetric granules, followed by brucine and atropine to continue and increase the stimulant effects. He rallied, the pulse grew stronger, the "washing" sound at the heart less perceptible. He was kept in the recumbent posture, but insisted on lying by an open window, where alone he could breathe, as he claimed. In a few days lobar pneumonia developed on the side next the window. He passed through this, however, under a carefully regulated dosage with the cardiac tonics mentioned, and recovered. Such a result, in a man over seventy years of age, seemed to me notable, in view of the diagnosis of heart clot that seemed justified by the symptoms. The case has made me doubtful of the existence of heart clot, except as occurring *in articulo-mortis*. It has also led me to discount to some extent the danger of heart failure in pneumonia, for, surely, a more likely opportunity for that accident would be difficult to find.

Last October a young physician came to me from Connecticut for treatment, on account of very peculiar attacks of heart failure. He was addicted to tobacco in excessive quantities. Several times he had sudden attacks of heart failure so severe as to lead him to hypodermic injections of ammonia for relief. During these attacks he would become light-headed, the pulse weak and fluttering, extremities cold, and, in fact, all the symptoms noted in the preceding cases appeared, though in a less marked degree. A peculiar feature of this case was the disposition to recurrence of the attacks at certain hours; the most usual time being about 2 A. M. At other times, the heart had the short, jerky beat, peculiar to tobacco-users. I believe I can invariably detect the victim of tobacco by this peculiarity. This case was treated principally with brucine, quinine being added on account of the periodicity. For the paroxysms of cardiac depression he took at first aromatic ammonia; later, coca wine or ammoniated valerian. He was also put upon a systematic course of gymnastics, cold baths, and nutrition was pushed. Tobacco was allowed in lessening quantities and reduced to a harmless allowance. The strength of the stimulants was reduced also until at length it was sufficient for him to reach out and find that the glass was at his bedside, and the threatened paroxysm would subside. As evidences of increased cardiac force became manifested, he began to take vigorous exercise when a paroxysm threatened; pounding the leather bag, or pulling weights until the glow of exertion replaced the chilly sensations; and this finally superseded the stimulants.

Now, although the attacks were controlled by such means, it is not to be concluded that the trouble was simply psychical. It was my own opinion, and that of others, that this man would have succumbed within a few months, to an attack occurring when no stimulant was within reach. There are some men to whom tobacco is toxic; who should not use it at all; though to the vast majority of mankind it is comparatively harmless. WILLIAM F. WAUGH, M.D.

Philadelphia, Pa.

Bandaging in Hemorrhages.

Editor MEDICAL WORLD:—Allow me to give the following experience: Some twenty-

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five years ago I was called at three P. M. to see a young man who had a tooth drawn, and it had been bleeding from eight o'clock in the morning to three o'clock the next day. Several eminent physicians had tried in vain to stop it and left him late at night after plugging the tooth. The plug appeared to do no good as the bleeding continued. The young man, when I saw him, at three P. M., was as pale as death and looked as patients do a short time before dying from hemorrhage. His pulse was scarcely perceptible. His parents were weeping over him, and knowing that the physicians had exhausted every thing known in such cases, I was at a loss to know what to do. The thought came to me for the first time to try what might be called *diversion*. I did so by cording his limbs just above each knee as tight as he could bear, with strips of cotton cloth about as wide as the finger. To my astonishment, in less time than it took to cord his limbs, his pulse became much stronger and regular. I then pulled out the plug, and after spitting blood a few times the bleeding ceased altogether, and by giving stimulants the patient soon recovered his health, to the great joy of his parents and friends. I left the patient after hemorrhage ceased, with directions to loosen the cords, but let them remain a few hours tight enough to be felt, only. I have, as others doubtless will, found this manner of diverting the blood very helpful to medical treatment in other complaints. In pneumonia with bloody expectoration it acts charmingly with proper medicine. I was called to see a man in a neighboring state who had been treated some ten days for pneumonia, without any benefit. When I saw him he had great difficulty of breathing, with severe pain of the lungs, and his pulse very feeble. I corded his limbs and in a short time his pulse became stronger and in a few days he recovered with the aid of proper medicines. In nose bleed, hemoptysis, congestion of the brain, heart and stomach, it is wonderfully helpful to medical treatment. I would have published this treatment long ago, but I have been waiting with hope that some other physician would discover and publish it. In uterine hemorrhage it should not in emergencies be overlooked.

B. Brown Williams, M.D.

Meadville, Pa.

Cardiac Stimulation in Pneumonia.

Editor Medical World:—Pneumonia has probably been the subject of more medical literature than any other disease. When I graduated in medicine, I am quite certain that of thirty-five theses required of candidates for graduation, pneumonia constituted the subject for about twenty-five. I well remember the compliment paid me by the faculty because I had chosen some other subject. I wrote my thesis for graduation on the subject "Hospital Gangrene," and I have many times thought what a relief it must have been to that dignified body, (most of whom are numbered with the angelic doctors), to have a change of subject. I may add with pardonable pride that my thesis was made the subject of a special mention.

Those puerile compositions were a tolerably fair reflection of the medical teachings of those days, in which idiopathic inflammation was an acceptable term when illustrated by the stages, "Calor, Dolor, Rubor; et Tumor." It is also true that there is no disease that more truly marks the progress made in scientific medicine for the last twenty-five years than this same trite subject, pneumonia. The auscultatory signs, the percussion note, the transmitted resonance, the hepatization and the stage of resolution were necessary to the elucidation of the phenomena supposed to be produced by a "bad cold." Cheesy deposits, the unabsorbed products of inflammation were but different stages in the development of tubercle, and the cause of the rapid consumption. How little did we then dream that behind all this patient pathological study in which we have all craned our necks in the "dead house," that, underneath all this crude tubercle and cheesy deposit there existed a wonderful world teeming with microscopic life, the light of which should make plain the darkness of that pathology.

Before the wonderful discoveries of Friedlander I taught the crisis of pneumonia was to me a most unaccountable phenomenon, in that, without any visible improvement in the consolidated lung, we should have as sudden an assurance of recovery as we had of its invasion. The discovery of the pneumococcus, and its pneumotoxin as the indisputable cause of the disease, and the anti-pneumotoxin which produces the cure, are stepping stones upon the boundary of a great natural law. Those of us who may be permitted to live another decade will see the benefits arising from this discovery, and will be able to arrest the progress of acute, infectious diseases by injecting the products of the disease taken from convalescents.

The two grand divisions of pneumonia which differ none the less widely in etiology than in the mode of termination will always be taught. The catarrhal form, which after all is only an ultimate bronchitis, the type of which is seen in infancy and as a complication in many of the exanthematæ, will not enter into this discussion.

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It will be understood, therefore, that whatever may be said concerning cardiac stimulation, concerns the so-called croupous pneumonia only.

In all this time, regardless of the change of views as to etiology and pathology, men, women and children have been dying from pneumonia in no less numbers. In all this time the mode of the approach of death has remained the same under any and all treatment, coming through the right heart, a distended right ventricle, a stasis in the pulmonary circulation and corresponding emptiness of the arterial current.

It may be truly said that therapeutics follows the advance of medicine just as the coal cart follows the engine, always a reasonable distance behind. Just here I ask your indulgence for a moment while I quote some statistics from the most excellent paper of Dr. J. T. Jelks, of Hot Springs, Ark., who also quotes them from Dr. Townsend Coleridge, and Dr. Wells' report of "Mortality of Pneumonic Fever." These statistics are entitled to our consideration on account of the care with which they have been collected and from the acknowledged truthfulness of the author. From the first of these reports it appears that one thousand cases of pneumonia were treated in the Massachusetts General Hospital between the years 1822 and 1890 inclusive. The average mortality was twenty-five per cent.; from 1822 to 1832 the mortality was only ten per cent. In the latter report the number of cases tabulated was 223,000, and these statistics include the various hospitals of America and Europe and embrace the time between 1800 and 1890. The average mortality was eighteen and one-tenth per cent.

Now in the first period of this time it cannot be doubted that the treatment was heroic in the fullest sense of that term, as it applies to blood-letting, calomel and tartar emetic; as this treatment marked the first half of the nineteenth century. Now to make another division of the same report, the mortality in the last ten years has been twenty-eight per cent., and this must have included many cases treated upon the expectant plan advocated by Dr. James Hughes Bennett.

How then are we to harmonize the results obtained under a treatment long since condemned by common consent of the profession, with the results of the treatment of to-day, under the broad light of modern pathology; in other words, the ten per cent. mortality in the decade between 1822 and 1832, with the twenty-eight per cent. mortality between 1880 and 1890? Were those Sangrado bleedings and those terrible depressing agents less active upon a stronger population, or did they, in spite of the evils which they could not fail to produce, strike at some underlying principle in therapeutics which we, with all our modern accomplishments, fail to recognize? I am disposed to the latter conclusion. Notwithstanding they come to us like a sound from the ringing rocks of past ages, there is to-day much truth in the statement that blood-letting is indicated in pneumonia. The period for its employment is at the time when the right heart is so over distended and is about to cease the performance of its function.

More blood is coming into the right auricle than can be forced through the obstructed lung, and the ventricle is fagged out in the futile attempt to fill the left heart. The right ventricle is so distended at this time that the apex beat is completely removed from its original site in the inter-space between the fifth and sixth rib and the ear detects a dull muffled sound, and percussion reveals an increased area of dullness. All this occurs at a time when the ptomaines from the vegetable pneumococcus are being absorbed into the circulation, and before the anti-pneumococcus has been formed in the albumen of the blood. Experiments in vivisection have demonstrated that a heart brought to a stand still in such a diastole, may be revived by aspiration of the right ventricle.

The question may then be properly asked, where does the application of cardiac stimulation come in this condition? Is it philosophical to attempt relief by a vis-a-tergo, or is it more rational to attempt relief by a vis-a-frontis?

Are these the indications for the employment of digitalis? It may be a good plan to goad the tired ox that has fallen in the furrow, if you want a little more work, but you will have a little less ox. It may be good therapeutics to stimulate a diseased kidney with irritant diuretics if you want just a little more urine, and a little less patient, and it may be good practice to give digitalis to a fagged-out heart in the stage of hepatization in croupous pneumonia, but I doubt it. Digitalis stimulates a weak heart by contracting the arteries and arterioles, throwing the blood back upon the heart itself, and where there is no pulmonary obstruction the action is prompt and efficient, but the very condition which is killing the patient in pneumonia, would be rendered still more dangerous by such an agent. It has been found that even ligation of the lower extremities just sufficient to prevent the return of venous blood is followed by relief to the heart. The sense of relief felt by the patient upon the application of a hot flaxseed poultice is in a large measure due to the

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dilatation of the blood vessels of the chest walls. Pediluvia would prove also of great service were it not for the ever present danger of assuming the erect position.

Alcohol will prove a far better cardiac stimulant in pneumonia by reason of its power to dilate the capillaries, thereby retaining more blood in the skin, while at the same time it may have some value as a respiratory food. Nitroglycerine and the nitrites may be expected to rescue a heart after the manner of aspiration, and theoretically would prove to be cardiac stimulants in the condition under consideration. I understand also that they have been of practical benefit. Cupping, either with dry or wet cups over the region of the inflamed lung, have also been productive of relief. Very warm baths give almost immediate relief, but are difficult of administration to adults. They are available in childhood.

It should be remembered that at one time veratrum viride and aconite superseded blood-letting. These agents, long considered identical in action, have nothing in common. The former does not weaken the muscular power of the heart and may have a place as a cardiac stimulant in pneumonia, while the latter is a highly dangerous drug, capable, even in moderate doses, of paralyzing the centres of Stechenow in the heart. Strophanthus is far more effectual and safer than digitalis as a remedy in the condition under consideration. Strophanthus acts upon the ganglionic motor centres in the heart, leaving the arterial tension alone. Caffeine is a cardiac stimulant by no means to be despised in pneumonia. The value of a cup of strong tea or strong coffee has been long recognized in domestic practice. Very small doses of strychnine may also be of advantage.

PROF. J. A. LARRABEE, M.D.
Louisville, Ky.

Abortion of Pneumonia.—Treatment of La Grippe.—Jaborandi.

Editor MEDICAL WORLD:—If I see the patient within thirty hours from the beginning of the attack, and find him sthenic, I at once bleed at the opposite side of the affected lung, and give him veratrum viride. If the patient is still suffering, I saturate a compress with "Aqua Sedativa," (Raspail's formula), and apply over the affected parts; bathe the head and body well every fifteen to twenty minutes, change compress at same time. If temperature is high, "Aqua Sedativa" must be as cold as possible. This remedy acts as magic. If needed, give a dose of calomel; this is all the patient needs. He is generally well in two to five days. I have never had these remedies to fail me but once in the last eighteen years.

For the last three years I have treated four to five hundred patients afflicted with la grippe. My chief remedy has been fl. ext. jaborandi and veratrum viride. They worked like a charm. If complications were present, I met the enemy as it came.

Thanks to Prof. Waugh for his article on jaborandi in erysipelas. I have used it ever since in many cases where the old remedies failed. I use jaborandi internally, sub-nitrate of bismuth externally, then your patient is relieved within one hour.

Martell, Wis. J. F. JOHNSON, M.D.

Chronic Pseudo-Membranous Colitis.

Editor MEDICAL WORLD:—Although this disease affects many persons, it is not even mentioned, much less described in any of the popular works on the practice of medicine, so far as I know. It is so very common that I venture to say that there are few readers of THE WORLD in active practice who will not recognize at least one case during the next thirty days.

Having recently read articles by two eminent physicians, each of whom deplored their ignorance of any effective treatment, I was induced to lay before the readers of THE WORLD the treatment by which I have cured a large number of cases during the last fifteen years. Although all the symptoms mentioned below are never observed in any one case, a sufficiently numerous group are always present to render the diagnosis easy and certain.

Because constipation happens to be a prominent symptom, this disease is often mistaken for simple intestinal torpor.

Some sufferers complain of a faintness at the epigastrium, which is relieved for a short time only, if at all, by food. The abdomen is often tender on pressure all over. There is usually more or less pain; sometimes both the pain and the tenderness are confined to the left side. The pain is seldom very severe, but when it becomes so, the aggravation commonly occurs at night.

In the large majority of cases the bowels are obstinately constipated, in a very few cases constipation alternates with diarrhea, and very rarely cases are observed in which the latter is the prevailing symptom. Sufferers usually pass small quantities of blood, although quite free from piles. In most cases the dejections are mixed with fibrinous, stringy, adhesive mucus and scraps of matter like bits of unbleached muslin. Many sufferers void material resembling balls of half melted tallow, and in *every*

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case, without exception, masses of matter identical in appearance with calves foot jelly are passed with the stools, the presence of which is significant in the highest degree. In severe cases the whole stool may be sometimes composed of this matter. In fact this is a true pathognomonic symptom. During and after defecation severe rectal tenesmus is experienced, accompanied by general prostration, so severe that the patient is often obliged to lie down an hour or more before it passes away. Rumblings occur in the bowels of some patients, suggesting the occurrence of diarrhea, which very rarely appears.

This curious disease exerts a notably depressing effect on the mind and nervous system. The temper becomes irritable and peevish. These sufferers are apt to take a gloomy view of their surroundings and prospects, although the former may be comfortable and the latter hopeful. They are liable to lose confidence in their physical and mental powers, becoming nervous and irresolute. Frightful dreams often disturb their sleep. This disorder occurs in both sexes with about the same degree of frequency. It is developed very insidiously, slowly reduces the strength, impairs the health, and finally breaks up the most vigorous constitution.

Treatment: Make of North Carolina tar a mass with wheat flour and a few drops of water; cut into three grain pills; give the patient four pills two hours after meals, or the remedy may be put into capsules. Before the patient retires for the night direct that an enema of about three fluid ounces of warmed tar water be taken and if possible retained. In a week or less the bowels begin to move freely and normally and all the symptoms, local and systemic, will begin to pass away. Two or three weeks has, in my experience, always sufficed to secure excellent curative results. After that I give as an intestinal tonic for two or three weeks longer, from one to two grains of the solid extract Wahoo (Euonymus Atropurpureus) after meals.

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Dispensing and Collecting.

Editor MEDICAL WORLD:—Either of these two subjects is important enough, to us as physicians and business men, to merit a lengthy consideration, but I will endeavor, in as few words as possible, to compass them both in one article.

Should physicians dispense their own medicines, is a question of moment to three classes of people, viz.: the physicians, the pharmacists and the patients, and it is from these three sides that we will view the question. From a humanitarian standpoint it is the first duty of the physician to look after the welfare of the patient who is entrusted to his care, and as self-preservation is the first law of nature, if the physician's own welfare is not his first care it should be next to that of the patient.

This necessarily leaves the welfare of the pharmacist the third place, but as the last shall be first, so will we reverse the order of things, and thus consider them, saving the best of the wine, the patient, for the last of the feast.

As so much can be said, both *pro* and *con*, and as I, by training, example and practice, am on the *pro* side, it is but fair to give the *con* side the first hearing.

I, as no doubt all physicians who dispense their own medicines, either wholly or in part, have been asked by druggists why I do not do an exclusive prescription business, to which I give a yankee's answer by asking another question, why do you not do an exclusive dispensing business? That generally answers their question and usually ends the discussion.

It is true that the graduate in pharmacy is better fitted by study and experience to compound prescriptions than is the average physician. He makes that his business, and devotes his time and thought to that branch of science. He has more time for it, has a greater variety of drugs from which to choose, has better appliances and facilities, and everything requisite to do the work, and if he would do that and nothing more, would be the physician's best ally. But he does not stop there. He repeats prescriptions, and if they are valuable, may appropriate them to himself, and prescribe them indiscriminately, thus robbing us of the fruits of our skill and knowledge.

Druggists, as a rule, are a privileged class, are allowed to keep their stores open when all other places of business are closed. They are protected by laws that are enforced while the ranks of medicine are flooded by charlatans.

Yet with a combination of all trades including the saloon business, the tobacconist, the counter prescribing, the recommending some patent nostrum and the repetition of prescriptions they manage to eke out a miserable income and buy real estate all around the doctor's modest home; and how often do we see our prescriptions filled by incompetent clerks, capable only of selling fancy articles and cigars, in the absence of the regular prescription clerk, and especially after night, by the boy who sleeps in the store to guard the safe and save expense.

It is nice and easy to carry only a prescription book, and fill out a blank, and pass on, but that may mean a great deal of trouble hunting a druggist, or loss of valuable time

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getting the medicine to the patient, to say nothing of the liability of errors being made.

It may be entered as an objection to the dispensing of our own medicines, that it takes the time that might be devoted to other patients or to study of cases. True, but our time is part of our stock in trade, for which charge should be made and pay asked.

If it is said that a stock of medicine is expensive, sit down and figure out, that ofttimes the medicine costs little more than the containers, if as much, and that an ordinary case of fever or other disease, can be successfully treated, for three or four weeks, with from fifty cents to one dollar's worth of medicine. There are chronic cases, and often times in any case, where the expense is greater, but not on the average. Every doctor gets into the habit of using a certain class of remedies, and has better success with his few than he would with others, or than his brother physician would with his remedies, so that it is not necessary to keep a whole drug store on hand.

Again, how much more convenient it is for him to refill his empty pocket or buggy case from his own stock than to take or send to the pharmacy to have it replenished. Especially is this true at night, when the stores are closed, and neither the doctor nor the friends of the patient have time to hunt them up.

If the objection be urged that the medicine shelf or cupboard is in the way, takes up too much space in the office, or that the case is too large to carry, it may be said that our scientific chemists and pharmacologists have evolved the tablet, compressed and triturate, pills, capsules and granules, to take the place of the old bulky, dirty powders, potions, pukes and purges, so that a dozen of the more important remedies in quantity sufficient for two or three dozen patients, may be conveniently carried in the vest pocket.

It may be urged that if the bill be not paid, the physician suffers the loss, not only of his time and service, but also the cost of the medicines. That is very true and a strong argument, but if we nothing venture we will nothing have, and it can be said in rebuttal, that if the bill be paid (and we can safely count on seventy-five per cent being paid), then we get a handsome profit for our medicines, and as the odds are three to one in our favor, why not take them?

Again, it may be said that, if we dispense our own medicines, the patient does not expect to pay us for our advice, and only a small druggist's profit for our medicines, and that we get no more for our medicine *with* the prescription than we would get for the prescription alone.

If the patient does not expect to pay us for our advice, why does he come to us at all, for the druggist could give him the same drugs, and if our advice is in demand, why ought it not be charged and paid for? People are willing to pay for what they want, if they really want it at all.

We should emphasize the fact that we do not charge for what we do or give, but for the *knowing how* to do or give it. Our knowledge coupled with our ability to apply that knowledge is the bulk of our assets, all we have to sell or hire, and we should charge for our time, charge for our services, and if we give enough medicine to amount to anything we should charge extra for it and expect and collect pay for it.

When we dispense our own medicine we know just what the patient is taking, and we also have the satisfaction of knowing that we are the only ones that know what the patient is taking, and that he can get the medicine repeated from no one but ourselves, and the patient is compelled to return to us for a new supply, thus giving us an opportunity to keep the run of the case, watch the patient, make any change in the treatment that occasion may demand, as well as to secure to ourselves fees that would otherwise accrue to the druggist.

Many patients have more confidence in the physician who puts up his own medicines, knowing that he gives them just what he wants them to have, and also have more confidence in the medicine, knowing that they are getting just what the physician wants them to have and believing that there is less chance of mistakes in compounding.

When well, the patient has only the one bill, that of the physician to pay, while under the prescription system, the drug bill is often half as much as the physician's bill. Frequently a patient has only so much money to spend for medicine, and if he pays the physician for the prescription alone, he has no money to pay the druggist for the medicine, and as he knows the druggist will not trust him, he will "stand off" the physician and go and pay the druggist, while if you give him the medicine you get his money, and he is satisfied with the exchange.

Patients often object to having the doctor run in, make an examination, and tell them to continue with the medicine from the bottle and go away, thinking that as he did nothing or left nothing, he is just coming so often in order to make a bill, and that he might just as well come less often, while if he leaves only enough medicine to last until his next visit, he has left something

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to show for his visit, and to-morrow he will know just how much of it has been taken.

As some medicines have to be changed, some every few days, often in a few hours, if only a small quantity, enough for the needs of the case, be left, there will be no dismal array of half emptied bottles standing on the table as reminders of his sickness or souvenirs of the druggist's bill, to throw away.

One of the most potent reasons, if not the reason, for the success of the homœopaths, is that they themselves dispense what medicines they use, and it makes no difference to the patient what they give, or if they gave any medicine at all, so they get well as quickly and as cheaply as possible.

The homœpathic remedies are especially popular with the children, and we, with our views of medicine, together with our tablets and granules, and elixirs, small and pleasant, yet withal exceedingly efficient, can meet them on their own grounds, and can catch the children coming and going.

To that class of patients who are old fogyish enough to cling to the memories of the "good old times," to want a lot of medicine for their money, desiring quantity as well as quality, and would rather pay a dollar for a pint bottle of water, with a tablespoonful dose, than for a four ounce mixture with a teaspoonful dose, or than thirty-two tablets or granules containing the same dose, in a neat little box or vial, we can still dispense the granules dissolved in the ocean, and collect the dollar, and the whole family is happy.

In summing up the evidence we must arrive at only one verdict, and it seems to be the judgment of the majority of practitioners that it is better for the patient and better for the physician to dispense his own medicines.

After the summing up and the verdict, comes the charge to the patient, which is a matter of much importance to the physician.

Physicians are compelled to trust where no one else would. People having nothing laid up for a rainy day are stricken, and without means. If it is the father and wage earner, then all the income ceases, and sometimes our only hope for our recompense is to save the life of the patient, for very often dead men pay no bills.

Just as we value our services, so will our patients value them, within a certain limit.

The doctor gets credit and blame, when he deserves or merits neither.

Some patients appreciate our services and efforts, and show their gratitude in a substantial way, by paying their bills as promptly as possible. Those are the ones we love, are always glad to see, and to whom we are willing to extend favors.

In the eyes of others.

> "Three faces wears the doctor; when first sought
> An angel is; a god the cure half wrought;
> But when, the cure complete, he seeks his fee,
> The very devil looks less fierce than he."

And the ones who want us the quickest and the worst, and give us the most taffy, are the ones who are the last to pay, if they pay at all.

Doctors, as a class, are honest, conscientious, hard working men, doing more real charity work in a quiet way than any one else. They are compelled to treat all classes, the good, bad, and indifferent, the God's poor, the Devil's poor, and the poor devil's, and have up-hill work to make both ends meet. Yet they get more real solid enjoyment out of life than do most people. They see the scenes behind the scenes and profit by their own and others mistakes, and are our best citizens.

But money makes the mare go, and to get money the doctors must collect their bills, but how? What is the best method?

It can be safely estimated that fifty out of every one hundred dollars is brought to us, while half of the balance we must go after, and the remainder is like "the letter that we looked for, never came."

Some never present a bill at all but wait the patient's pleasure to pay, but this is demoralizing, putting the physician in a false light, as the patient gets the idea that the doctor does not need the money and can wait, and he is thus defrauded of the use of his money. Where is the doctor that has no need of money? They are all gone over to the great majority.

Others present bills only once a year, which plan is also open to serious objection, for patients often, accidentally or intentionally, forget the circumstances surrounding the case, or the items of the account, and dispute the bill, never admitting that they may be wrong, though the doctor has it down in black and white.

The older a bill is the harder it is to pay or to collect, and all bills of whatever nature are most satisfactorily settled while young. "Short accounts make long friends," and "a receipted bill is an evidence of honesty," are suitable mottoes for the top of bill heads.

Where there is a roving, unstable population, renters and wage-earners, it is very risky business to let accounts run longer than three months without presenting them, and if bills are rendered monthly it is more safe and satisfactory to all concerned.

The rule that all obstetrical cases should be cash should be enforced, as such cases are not

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emergency cases, liable to attack when least expected, and when no money is laid up, but they have eight or nine months in which to prepare for the event and ample time in which to lay by the confinement fee.

There is no more excuse for the father not having the fee to pay the doctor for the attendance at the birth, than there is for the mother not having the infant's clothes all ready prior to its arrival.

The rule, "all office work cash," is an excellent one, but in all these matters the doctor must use his own good judgment and sense as to what is the best for him and his patients.

It is as unreasonable to expect a poor man, with small earnings, to pay a larger or even a moderate bill, all at once, as it is to expect the mountain to come to Mohammed, but we can expect and demand that he make a payment of a stipulated sum at stated intervals, until the debt is paid.

Liberal discounts should be made to the worthy poor, for they all have friends, and can talk and do you either harm or good among their neighbors.

It is a perplexing problem how to deal with that class of parasites known as dead beats, who either cannot or will not pay any bills; those who only stay with one landlord as long as he lets them without paying their rent, or who only patronize a doctor as long as he does not ask them to pay their bills.

Commercial agencies or collectors have no terrors for them.

You cannot hurt their credit for they have none. They snap their fingers at law suits and laugh at judgments as they have nothing subject to execution, and yet they always manage to get medical attention.

If there is a new M.D. located in the vicinity, they are his friend, and as a rule he is glad to get their practice, until he finds them out to his sorrow, as many another has done before him.

It seems to me that the only rational plan for our mutual protection is the one I have had the opportunity of inaugurating here among our number, which is for each one of us to make out a list of the debtors on our books who cannot or will not pay, and exchanging these lists with one another until each of us has a complete list of all the others. It is surprising what a number there are, and how the lists dove-tail into each other.

Then by referring to the list in case of strange calls we may get the "pedigree" of the case, and know whom he owes, and how much, thus learning either how unfortunate he is, or how big a rascal. Thus being forewarned we are forearmed and can go into the fight with our eyes open and on the alert.

Those that are poor and unfortunate, we can either treat for their good will or influence, or for sweet charity's sake, or for the hope of future rewards in heaven, or turn over to the associated charities, benevolent societies, churches, or the city hospital, or the city or county physician, while the professional dead-beat we can jump on with both feet.

Lima, Ohio. HOMER C. BENNETT, M.D.
Med. Dept. Univ. Wooster, '83; Med. College of Ohio, '89.

P. S.—In the discussion of the above paper five-sixths of the members present favored the dispensing of their own medicines, and all were in the collecting combination mentioned.

How Shall the General Practitioner Treat Nasal Catarrh?

Editor MEDICAL WORLD:—Nasal catarrhs are the symptoms of nasal disease. Whenever a patient complains of a "running" from the nose, obstruction to respiration, pain and reflex nasal symptoms, an inspection of the nasal canal anterior and posterior will present some abnormal condition, such as growths, enlargements, deviations of structures, congestions and atrophies. To some of these conditions the nasal discharge and obstruction to respiration is due. I will here direct attention to the common every-day forms. Cleanliness and drainage are the fundamentals in the treatment of nasal catarrh. The constitutional treatment must be borne in mind. The condition of the stomach, liver, bowels, kindeys and skin must be inquired into and all derangements corrected.

Cleanliness is best promoted by the use of an alkaline solution and syringe. The syringe must work easily, hold one ounce and have for its nasal end a bulbous extremity fitting tightly into the anterior nasal orifices. The solution is made, by taking one pint of quite warm water, (as warm as the patient can bear,) adding one teaspoonful of common salt, and one-half to one teaspoonful of borax; this solution is syringed through the nostrils, once or twice a day, but the patient must always be careful *to flex the head upon the sternum* while using the syringe. With this instrument the patient soon learns to clean out all crusts and mucous in both anterior and posterior nasal spaces, as I have many times determined by the mirror. Sprays are not effective and post nasal syringing is difficult for most patients to manage.

The patient is directed to keep up the use of the syringe for weeks with increasing intervals, when it will be found that dripping of mucus in the

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throat will be greatly lessened. For the removal of the succulent tissue in this region, nothing is better than the use of a ten to twenty or thirty grain solution of nitrate of silver, carried well up behind the palatal arch, on a strong curved probe, armed with a pledget of cotton (absorbent) soaked in the solution. The end of of the probe to be roughened, and the pledget to be wound firmly; if a slight flow of blood follows, it shows the application of the caustic to be needed.

To the enlargements seen in the anterior nasal spaces, the application of a four per cent. sol. of mur. of cocaine will determine their character. If the hypertrophies shrink entirely away, the application of a two per cent. sol. of cocaine three times a day, with a spray apparatus, combined with the use of the alkaline douche, will soon bring the cure about. When the enlarged turbinateds only shrink partially under the application of the cocaine, the application of chromic acid fused upon the end of a copper probe, and applied to the enlargement, drawing it in a line from before backward (first applying the anesthetic) will be found satisfactory, several applications may be made at intervals of six to twelve days. Care must be taken not to distribute the acid around the nose. If particles of the acid become dislodged in the nose, they can be immediately neutralized by a cotton probe soaked in Dobell's or any alkaline solution.

The application of the galvano-cautery, is for the general practitioner, no better than the acid, and requires much more skill.

Osseous enlargements, after a thorough cocainizing, can be removed with the nasal saw. (The nose should always be previously douched with an alkaline antiseptic solution.) The hemorrhage is checked by the use of hydrogen peroxide upon tampons of absorbent cotton.

Ulcers, after closing, can be painted with a tannin and tr. of iodine solution. Hemorrhage can be checked by firmly tamponing with pledgets of cotton soaked in hydrogen peroxide. Polypoid growths are removed by the snare or forceps, and hemorrhage can be controlled by the tampon. Hypertrophic tonsils must be removed to insure drainage.

So long as any obstruction to respiration remains, so long will there be a discharge of mucus.

In that miserable disease ozena, the physician will find a trial of his wits. The thorough cleansing of the nasal spaces with the syringe—posterior syringe if possible—with the alkaline solution above mentioned, followed by one of chlorate of potass. two drachms to one pint of water, will bring much relief.

Dobell's solution is an excellent remedy.

R. Acid carbolic	gr xii
Sodii bicarb	gr xxx
Sodii boratis	gr lx
Glycerine	ounces ii
Water.....q.s. ad	1 pint

It goes without saying that no one will attempt the treatment of these diseases who is not familiar with the use of the forehead and rhinoscopic mirrors. The great advatnage which results from the use of these instruments in the treatment of all acute and chronic diseases of the respiratory passages well compensates for the time spent in the acquirement.

Haverstraw, N. Y. N. B. BAYLEY, M.D.

Expert Testimony.

Editor MEDICAL WORLD:—In the January number, "Expert" desires some information, but as none of the family so far has tackled this rather peculiar bit of information wanted, I will try and give "Expert" a ray of light. In the first place let us understand what means the term "expert witness." I think best to answer it with Prof. Dunglison, who says: "The term as applied to witnesses—expert witnesses—should be restricted to those only whose opinion in medico-legal cases is valuable from their accurate knowledge of the subject under consideration." This appears to me to mean, that in order to be considered an "expert witness" the physician in question must be known to possess more than an average knowledge in that particular branch of his profession in which he is called upon to give his testimony. If, again, a physician is called upon to testify in a case to which he has been administering, he certainly has the right to draw the division line and not allow the the counsel of the opposition to draw any expert testimony out of him as a general witness. To explain my meaning more thoroughly I will state a case.

In the evening of March 23d, 1890, I was called to attend one J. F., who had been stabbed in the abdomen by a companion, and who died about midnight of the 27th, *ejusdem*. When I first saw him, I at once pronounced it a fatal case, and directed the Sheriff to take charge of the boy's clothing. Of course I was called upon the witness-stand, and testified to the best of my knowledge. Among other things, I recognized the clothing. After this, a knife was shown me, and I was questioned as to the probability of that being the weapon used. I refused, point blank, an answer to this, unless, as an "expert witness," in the meaning of the law, and, as both sides appeared to be very anxious of my opinion, and as they could not obtain it otherwise, being unable to classify it

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as contempt of court, I was re-sworn as an "expert witness," gave, as such, my testimony, and drew, as such, my fee for my statement, all the balance of my testimony, of course, being paid for at the general-witness rate. Had I allowed the counsel to draw this out of me, without objection, I, of course, could not have demanded an extra fee. Any commonwealth can compel anybody, no matter in what position, to testify in a case of which he has any knowledge, but if they want extra knowledge, they must pay extra! No one, expert or otherwise, needs to give testimony in any case, unless, if he so demands, the fee is advanced! It is doubtful whether the courts can be compelled to acknowledge the fee-bill of any State or other medical society, more so as the different fee-bills are at great variance. So, for instance, calls the fee-bill, adopted by the Chicago Medical Society, and the Society of Physicians and Surgeons, March, 1875, for attendance upon court, per day, $50 to $100. That of the State Medical Society of Missouri for same services, as an expert, of course, per day, $25 to $100, such making a variation in the minimum fee of $25. I should think that the court would rather be influenced, in allowing such fee, by precedents in that respective locality, the professional standing of the expert, and the value of the testimony, provided, of course, that such fee is not fixed by statute. As to the "Duties of the Medical Expert," I will advise "Expert" to read up "Hamilton on Medical Jurisprudence," and "Woodman and Tidy, Forensic Medicine and Toxicology." An interesting article on "Expert Testimony," by Dr. Thomas W. Hurley, can be found in the *Weekly Medical Review*, for August 30th, 1884, Vol. X., No. 9; see also same: Vol. XI., No. 19; *St. Louis Courier of Medicine*, Vol. XI, No. 3; and, for the antiquity of the question, I refer to *The Medico-Chirurgical Review*, and *Journal of Practical Medicine*, New York, 1834, Vol. XX., page 120. E. CHRISTIANSEN, M.D.

Leavenworth, Kansas.

Expert Evidence.

Editor MEDICAL WORLD:—On page 21 of the January number of THE MEDICAL WORLD, "Expert" asks: "Can the Commonwealth compel a medical expert to give testimony without paying him as an expert? 2. Can a party to a suit compel you to give testimony as an expert without payment before you testify, if you (the expert) demand it?"

It would be impossible to answer these questions directly, as much would depend on the fairness and opinion of the court. I know of no statutory law in any of the states regulating this matter. The decisions that have been rendered as to remuneration for expert evidence are based on common law grounds, and seem to be by no means unanimous. In one case a promissory note was given for expert testimony, and payment afterward refused, on the ground that there was no legal consideration for the promise to pay, the defense holding that a medical man is bound to testify to anything he may happen to know relevant to a case in court, whether it is a matter of fact in a particular case, or of general professional knowledge or opinion. The court, however, disallowed the defense, and ruled that a physician is not bound to give his professional opinion for nothing in court any more than elsewhere, and the jury found a verdict for the full extent of the claim. Although this decision was not given in the highest court of the state (Mass.), it affords a precedent which will probably be followed, although in other states there is a conflict of opinion on this point.

It is evident, then, that the question of remuneration for expert medical evidence is a question still *sub judice*, and it would be well for the profession to look well to its interests in this direction.

Considering the question from the point of abstract right or constitutional law, it does not seem that there should be any great divergence of opinion. If, as the courts have held, a professional man's education is his individual property as much as are his books, instruments, horses, etc., it is evident that neither the state nor individuals have any right to it, or to any use of it, without just compensation. In the absence of statutory law, the amount of compensation must be determined by custom.

The want of unanimity in the opinions of the courts is no doubt due to the fact that so many so-called medical experts lay aside their professional dignity and descend to the level of mere partisan witnesses, often endeavoring to defeat justice. It is repugnant to every sense of justice that such evidence should receive legal recognition as "value received," any more than other forms of purchased evidence or perjury. Under the present system of employing experts in court, all such evidence is open to the charge of bribery, actual or implied. No medical expert can afford to be a partisan witness in any case. It would be much better for the profession if medical experts were never seen in court except when called expressly for the enlightenment of the judge or jury, and then they should be paid exclusively by the state. The system now in vogue is a disgrace to both the profession and our courts of justice.

It seems to be the plain duty of the medical profession to compel the courts to recognize the

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necessity of reform in this matter, and establish precedents in accordance therewith. This the profession can do by refusing to give expert testimony under any other circumstances than that above indicated.

St. John, Wash. DR. J. W. LOCKHART.

Miscarriages.—Deformity.—Consanguinity.—Illustrative Case.

Editor MEDICAL WORLD:—Though not in the "habit of writing for the journals," I believe I will report you a case I met with not long since, which, while possibly of no very great *practical* importance, was at least a little peculiar and may be of sufficient interest to merit a place in your valuable journal, as opening a field for theorizing, and you know some most valuable discoveries are the result of theories which at first appeared absurd.

I was called on the night of February 9th, 1893, in great haste, to Mrs. H. S. I found her flooding most terribly. Her husband said she was between five and six months pregnant. Examination revealed the os uteri considerably dilated and flabby. Miscarriage was inevitable; also I soon found I had my first case of placenta previa. I could distinctly feel the placenta presenting with what seemed like a fleshy mass of some kind, about the size of an ordinary fetal head at full term, right in the middle of it. The hemorrhage was frightful. Delivery was hastened by all means in my power, and in a very few minutes, I had her delivered of, (1st) the placenta with a mass of something within it, and (2nd) an ordinary normal fetus of about six months' growth. The patient was, of course, greatly prostrated from loss of blood, etc., but, being of a hardy, vigorous constitution, speedily rallied, and made a good recovery. After seeing her comfortable, I turned to examine more closely the product of the labor and found, as stated, a normal fetus of about six months' development, with a cord about twenty inches long attaching it to a placenta, rather large in size but normal in other respects, except this large mass near the middle of it, and which it covered and entirely surrounded.

On tearing away the placenta I found this tumor (?) enclosed within a sack of its own; but so intimately was this sack connected with the placental mass that I had to use a knife in dissecting it off. On opening this sack I found another *abnormal* fetus or monstrosity. It had the lower limbs well developed, rather larger than its twin, a well formed pelvis and several organs (male) and what appeared to be the abdomen and spine up to the umbilicus, where it was cut short off and rounded up neatly.

There was no sign of spine, thorax or anything else above the navel cord, which came right out from the upper end of it. This cord was only about one and a half inches long, and was continuous with the inner surface of the sack which enclosed the whole thing. Both were evidently nourished from the same placenta. I have been in active practice for twelve years and caught nearly four hundred babies, but never saw anything like this before. I have the monster preserved in alcohol with portions of the placenta still intact.

Perhaps a brief outline of the history of the pregnancy would not be amiss here. The mother is about twenty years old; married four years. Three previous miscarriages, but no living children. In every case there was some deformity of the fœtus. Her general health is good. The menses were regular up to July, 1892, when she missed one term. About August 1st, had a severe hemorrhage, and, as she thought, an abortion. About three weeks later, another profuse hemorrhage occurred, which she stopped by the use of spice tea. Soon after this, not more than two or three weeks, she noticed a hard lump in the left side, just above the rim of the pelvis, which continued to grow, but never moved or changed its position in the least until her miscarriage, which took place February 9, 1893.

The fetus quickened January 1st, 1893, but she never felt the least motion in this lump.

Now, how was this monstrosity developed within the placenta? How did it get there? Was there a previous conception and threatened abortion in August? Did the placenta of the second child attach itself to the uterine wall near to or over the product of this first conception, or were both fetuses the result of one coitus? Who will explain it?

Apropos of the intermarriage of relations, this woman and her husband are first cousins. Note that there have now been four miscarriages, and in every case a deformity.

Madge, N. C. F. M. WINCHESTER, M.D.

Consanguineous Marriages.

Editor MEDICAL WORLD:—In the article on the "Intermarriage of Relatives" in the October number, page 369, of the MEDICAL WORLD, it is supposed that Prof. Waugh, in order to call forth the thoughts and expressions of the medical profession, made the assertion, "That the children of consanguineous marriages do not show any greater proportion of defective bodily or mental functions than children of parents not related."

He also says, "The rules applicable to the breeding of domestic animals apply as well to the human species."

I will just here state an incident in regard to

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my herd of young cattle, which have been enclosed in a separate pasture.

The herd consisted chiefly of two and three year old heifers, also one bull three years old, all from the same sire. This spring the first calf was an imbecile, could not get onto its feet. The second was an idiot; its head was deformed, its eyes protruded and it had the appearance of a jelly fish. The third was a dwarf, (it is still living), and at the distance of a few rods reminds one more of a badger than a calf. Others are well formed and full size.

I cannot imagine, unless it is from the reason stated above, why Professor W. proposes to let down the bars to the intermarriage of kinsfolks. It is true that Dr. J. C. McAllister, page 408, November number MEDICAL WORLD, immediately draws comfort from his article, who against all entreaties, "crossed the mountain," and takes consolation in a "lovable little daughter." Doctor, it is highly probable that it is the dissimilarity of temperaments, in you and your wife, that saved your lovable daughter from being an imbecile, or a dwarf, deficient mentally and physically.

This gate of intermarriage of close relations should be shut and pad-locked with this inscription, "No two of consanguinity can pass this way, unless of markedly dissimilar temperaments."

Every physician can, in whatever community he may dwell, observe one or more prolific families, children all living and robust, some families matured, with stout men and women. In these families you will find the parentage to be always dissimilar in temperament.

The most marked of these families will be where one of the parents is of a bilious, the other sanguine lymphatic temperament. Again, look around for your mentally and physically imperfect offspring; you will find them where the parents are of *similar* temperaments, and most clearly marked where both are decidedly lymphatic, and next to the lymphatic, where both are of the sanguine. Where both are strongly marked bilious, they are apt to be barren.

It is the temperament that causes the evil, and consanguinity intensifies it.

I would like to make the suggestion that this subject of similar and dissimilar temperaments, be introduced in our common schools, so that every little miss of fourteen may become thoroughly instructed on the subject, then physicians would be better able to give advice, if asked.

Beaumont, Cal. JAMES MCCOY, M. D.

W. G. MACLACHLAN, A.B., M.D., of Ettrick, Wis., writes: "'The Physician as a Business Man' has been money in my pocket." See order blank, page xxvi.

Inter-marriage of Relatives in Norway

Editor MEDICAL WORLD:—Dr. Waugh, on page 76, asks for explanation in regard to my note on inter-marriage.

I will first say that my native country is Norway; those counties, or parishes, as they are called in my country, were inhabited by rich aristocratic farmers, whose opinion was not to marry below their standing, which resulted in physical, mental and pecuniary ruin, and the congress enacted a law against inter-marriage. I know personally eight children in one family of whom seven are idiots. Their parents were cousins with good history of ancestors. Take a view of the Europeon monarchs on inter-marriage; there we will find idiots, etc.

The same result we will find in the animal and vegetable kingdoms, so I think Dr. Waugh is correct in his view on this point.

Martel, Wis. J. F. JOHNSON, M.D.

Strangulated Hernia.—A Difficult but Successful Case.

Editor MEDICAL WORLD:—I was called on the evening of the 15th of March, 1892, to see a man about forty-five years of age, who was suffering with strangulated inguinal hernia. The hernia was of congenital origin and very frequently becoming strangulated from youth up, this being the second time I had attended him, (by the way, being "hard pay," it was hard for him to get a doctor to attend him who knew him.) On arriving, in company with a brother M.D., I proceeded to examine the case and learned that it had been strangulated for seven days, and that three other doctors had tried in vain to reduce it. The tumor being very much congested and the patient almost exhausted from excessive vomiting, stercoraceous vomiting having set up five days previously, I told him and the family there was but one remedy, and that was to operate, but that when he was etherized I would use what taxis I thought the tumor would admit of, and in case I failed to reduce the tumor I would then proceed to operate. Heating some water and securing two old rusty tin pans with small holes in both, one for my instruments and the other for hot water and the sponges, I put, or had done, a bed down on the floor before a large fire, for the night was very cold and snowing. My assistant then administered chloroform. While he was doing that I had the pubes shaved and washed thoroughly with soap and hot water. I then used an ether spray. Being etherized I proceeded to use slight taxis, but in vain, and then told the family nothing but the operation would do him any good; and that the chances were he would die from the shock, being so nearly

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exhausted already. As agreed to by all, I proceeded to operate at 11 P. M. I made an incision some five inches in length, beginning about one inch below the external ring, and extending upward and outward. After passing through the different layers and coming to the external ring, I found a constriction. I cut it and thought I could return the bowel, but not so; I found I could not remove it from the scrotum. Extending my incision one inch farther down, I then introduced my finger, following the cord with the palmar surface to the testicle, and found it lying in the loop of the bowel, very much congested. I removed it, then the bowel, and replaced the testicle. There were two or three very large fecal masses in that part of the bowel removed from the scrotal sack. I found the bowel very greatly congested and, as I thought, almost ready to slough, I bathed it with hot water from the rusty pan and returned it to the abdominal cavity, stating to my assistants that it was almost certain to slough. I closed the ring as best I could, using silk in the peritoneum, for I had nothing else with me. I closed the incision, with the continued suture, using a small twist of absorbent cotton for a drainage tube, the only thing I had with me, and being ten miles from home, and the night cold, I thought it would answer. The wound being closed, I used the only antiseptic dressing I had, boric acid and absorbent cotton, and dressed it. I then put him on a bed and gave him some stimulants. He recovered from the shock in a very short time and asked, "Are you going to cut me open?" In about thirty minutes after putting him to bed his bowels began moving and moved very freely, and he was very thankful to his God to know it was going the old way once more. He rested well in the after part of the night. At 8 A. M. on the 16th, his pulse was good, and the temperature normal; at 11 A. M. on the 17th, pulse 82, temperature 98½; at 10 A. M. on the 20th, pulse 90, temperature 99; 10 A. M. on the 28th, temperature normal, and I removed the sutures, discharged the patient. Can any of the WORLD'S family beat this for a case of stercoraceous vomiting, strictly antiseptic surgery, and followed by as rapid a recovery? Let some one else relate his experience. S. W. RIMMER, M.D.

Richland Springs, Texas.

The Genu-Pectoral Position in Labor.

Editor MEDICAL WORLD:—I wish to record my experience in treating transverse presentations in obstetrical cases by making use of the genu-pectoral position as explained by Dr. Nafe in the November WORLD. The doctor, in my opinion, merits the thanks of the entire profession for thus pointing out a method which, though it may be old in theory, is but little known or used in practice.

During eight years of practice I have never met with a serious case of malposition until about a month after reading the doctor's article, but I have never been called upon to attend a case of confinement without going in dread of finding a case where version or other serious means would have to be resorted to in order to deliver the child. The case referred to is briefly as follows: I was called upon to go five miles in the country to see Mrs. N—, a stout young Swede, who was about to be delivered of her third child. I had attended her in her previous labor during which nothing unusual occurred. I arrived about eleven o'clock P. M., and upon examination found a face presentation and the chin and lowerpart of the face pretty well engaged in the superior strait, with good strong pains driving them down, and making matters worse every minute. I saw that something must be done to change the position, and what I did must be done quickly, so in an interval between pains I put her in the genu-pectoral position, introduced my hand into the vagina and carefully pushed the face back. I had scarcely done so before another pain came on and the vertex was forced down into the cervix, and an abnormal and dangerous presentation was changed into a normal one and labor went on to a happy termination. In about two hours my patient was delivered of a thirteen pound boy, without any further mishaps. Owing to the large size of the child, it is evident that, without prompt assistance, nature could not have overcome the resistance, and both mother and child might have lost their lives as a result. In labor cases let your patient alone unless nature fails to perform her duty and interference is necessary, then act promptly and decisively. R. D. MASON, M.D.

Mo. Valley, Ia.

Early Escape of Amniotic Fluid.

Editor MEDICAL WORLD:—On page 95 and 96, I find an article by C. Smith, M.D., upon the subject of the escape of Amniotic Fluid.

Allow me to present a case to you that came under my treatment. Mr. M. called upon me August 25th, 1892, stating that his wife was pregnant and that fluid had been escaping from the vagina for three or four days, and requested me to visit her.

I learned from her that she was about eight months pregnant, and that the amniotic fluid had escaped in large quantities amounting (she stated) to one quart, 32 oz. I left a prescription with advice to keep as quiet as possible, as we would have to await the events of time Sep-

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tember 17th, 1892, I was called to attend her in confinement, which seemed normal in every respect, except the absence of the amniotic fluid.

The child was born alive and, although contrary to the experience of Dr. Smith, I have to state that the child continued to live and to day is as fine a little girl baby as you may wish to see for its age.

J. W. TAYLOR, M.D.
103 S. 7th St., Salt Lake City, Utah.

Replies.—Dental Anesthetics, Etc.

Editor MEDICAL WORLD:—W. H. DeKay asks for the formula of the dental anesthetic known as "Otandunder.' I made an analysis of a similar compound called anæsthetine, and found it to be a four per cent. solution of cocaine, boracic acid, creosote and glycerine. I have used for some time a local anæsthetic for the extraction of teeth, which always acts promptly, and is prepared as follows:

R. Olei Gaultheriæ.....drams ij
Chloroformi.....dram j
Ether sulph.....dram j
Chloral hydrat.....drams ij
Olei caryophilli.....drams iv
Alcoholis.....ounces iss
M. Sig.—Apply with cotton, pressed upon each side of tooth.

Dr. H. L. Tynes will never be successful in the treatment of his case of chronic purulent otitis until he first removes the polypus and granulations from the external auditory meatus. The polypus should be removed either by strangulation or by the snare. I would advise the snare, and think Blake's snare the best for general use. After the polypus has been removed, it is necessary to destroy the stump or unhealthy surface from which it has grown, for the tendency is for them to reform unless this is done. This is best done by the use of caustics or galvanocautery or by injections of absolute alcohol. The bleeding caused by the removal of the polypus usually prevents the caustic being satisfactorily applied immediately after the operation, and it is therefore better to wait one or two days before doing so. Instillations of absolute alcohol should, however, be commenced at once, and continued as long as there is any purulent discharge. After the base of the polypus and all granulation have been gotten rid of, and if the discharge still continues, and I presume it will if the case is of long standing, commence the use of Politzer's air douche daily, and after thoroughly drying the external auditory canal of all pus, with absorbent cotton, pack the ear with impalpable boracic acid. Do not pack the powder too tightly, but yet have it packed firmly. Insert a light pledget of cotton, which is to be worn for six or eight hours. Leave the boracic acid in the ear until washed out by the discharge. In a great many cases, one packing is all that is needed. In case more than one packing is needed, the same process of packing and refilling must again be gone through with. One thing must be borne in mind while the dry treatment is being used, and that is this: *The ear is not to be syringed at all;* it should be slowly and carefully cleaned out with absorbent cotton. In case the discharge ceases, and leaves a hardened mass of powder, etc., in the meatus, it must be removed, not by force or *syringing*, but must be first softened by the instillations of warm fluid cosmoline or fluid alboline.

In Dr. M. J. Kenyon's case I would most certainly give the fluid extract of rhus aromatica a trial. I have used it with good success in a few similar cases. It is an astringent diuretic, and will often cure what is believed to be an incurable diabetes. Under its use the amount of urine is steadily decreased, the inordinate thirst relieved, and every function of the body thereby improved. It will also be found useful in hemorrhage from either the kidneys or bladder, and in cases of constant bed wetting I have used it successfully where belladonna and the syr. of the iodide of iron, etc., had failed. I would also put my patient on a strict anti-diabetic diet. I have also found hypodermic injections of ergotine very useful in cases of diabetes insipidus.

Dr. Snowden will find that for catarrh of the nasal passages the following treatment is almost a specific.

First an ointment of the following:

R. Iodoformi (finely powdered).....dram j
Ext. Gera ii (solid).....grains x
Acidi Carbolici.....gtt. xv
M. Vaselini.....q. s. ounce i

Second. Bougies are made out of absorbent cotton saturated with the above ointment and introduced up the nasal passage as far as necessary at bed time. These are left in all night and are easily removed in the morning by blowing the nose. An occasional use of the posterior nasal douche with a weak, tepid solution of chloride of sodium, and the use of this same solution just prior to introducing the cotton tent, will be all that is needed in the way of local treatment.

Third. Some alterative which should contain potass iodidi, and attention to general health is all that is needed in the way of constitutional treatment. CHAS. L. KERR, M.D.

Falls City, Nebraska.

EDITOR MEDICAL WORLD:—The contents of THE MEDICAL WORLD are worth ten times the price of it.
Reading, Pa. JNO. STEPHEN, M.D.

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Answers to Wants in January and February Numbers.

Editor MEDICAL WORLD:—I think M.D., on page 21, gives the key to the situation, when he says, "has not passed the climacteric yet." Has it occurred to you that the eczema or pruritis is only a symptom, and that saccharine diabetes is the malady you want to treat? Make an examination of her urine, and treat accordingly for the intolerable eczema, and try soda hypo-sulphite, one ounce, to aqua one quart. Bathe the parts frequently. If this fails, try potassa sulphuret, grs. xx.; vaseline and lanolin, aa one ounce.

Dr. J. W. Lide: Try in your next case of membranous croup, syr. tolu, ozs. two, ammon., muriate dr. j. Give one-half to one teaspoonful every two hours, and alternate with this R., pilocarpine muriate one-half grain, acid muriat gtts. five, pepsin grains five, water ozs. two and one-half. I have cured one case with this, acting on the analogy of its power to dissolve diphtheritic membranes.

Hystero Epilepsy.—Commence treatment with a hypodermic injection of apomorphine, and follow up with P. D. & Co.'s normal liquid of Indian hemp, three to five drop doses every three to six hours, gradually increased and carefully watched. This treatment cured a case for me in which the whole neighborhood coincided with the opinion of an eminent professor in a medical college, "Young man, that woman has seven devils, and don't feel chagrined if you fail to cure her."

To Cure Tobacco Habit.—Send one dollar and fifty cents to the Sterling Remedy Co., Indiana Mineral Springs, Indiana. They prepare a combination of quassia, nux vomica, and glycerrhiza. I think so, any way. It was advertised in THE WORLD, last Fall. (Moral: Always read the ads.) It cured me, after chewing tobacco for twenty years, and I have cured half a dozen others since. W. K. HARRIS.

Mulvane, Kan.

Some Good Formulas.

Editor MEDICAL WORLD:—On page 233 of THE MEDICAL WORLD for June, 1892, Dr. J. J. Taylor gives a formula that should be repeated once a year for the benefit of the new subscribers. It is as follows:

℞ Sub-nitrate of bismuth.....drs iv
Pulverized nutmegs
Prepared chalk.....aa dr ij
Sulpho-carbolate of zinc.....gr xij
Syrup of ginger.....ozs iij
M. Use shake label.
Sig.—Teaspoonful after each passage.

This has been a stand-by with me since I read it the first time. I carry the powder ready prepared, and when needed dispense it with mucilage acacia. When needed sach-pepsin in amount to suit the case may be added with benefit.

I prefer having it taken at certain intervals instead of after each passage. In proportionate doses it is as good for adults as for babies.

Phytolacca decandra, a home-made tincture of the green root, is about as near a specific in ordinary glandular enlargements and inflammations as we can find. The drug store preparations have not proved so effective. I use it both as an ointment and by the mouth, the dose being two drops, given four times daily, and continued as long as necessary.

For old sores, especially where the periosteum and bone are concerned, there is great good derived from the following:

℞ Iodide of potassium.....ozs ij
Syrup of sarsaparilla.....ozs viij
M. Sig.—Teaspoonful after meals.

For the eruptions so frequently seen in children in the spring, also in chicken-pox and the like, a domestic remedy that is as efficacious as it is nauseous, is a decoction of fresh burdock root: one pound of the root to one gallon of boiling water, this boiled down to three quarts. When cold, give a wine glassful to a child of five years. It is more palatable to some when sweetened. E. L. STRODE, M.D.

Swan Pond, W. Va.

Artificial Impregnation.

Editor MEDICAL WORLD:—In the January number of THE WORLD for 1893, page 22, "Quebec" is inquiring into the MODUS OPERANDI of artificial impregnation.

Since I have crossed the Atlantic (1880) I have had more calls for the reverse, than for artificial impregnation, but as a member of THE WORLD'S family, I will give to "Quebec" all I know on the subject; may he by its practice make a happy couple.

The first step before undertaking artificial impregnation is to ascertain that the husband is fecund, as indicated by a normal condition of the semen; that the menstrual function is properly performed; that the pelvic and genital organs of the female are normal; that all other rational methods of treatment have failed.

Sterility in women very often depends upon an acrid condition of the vaginal mucous membrane, and frequently a vaginal douche at bed time, containing bicarb of soda and glycerine, will lead to the desired result.

In my practice I have never used the syringe as I prefer a hollow sound.

The operation having been decided upon, coitus is practiced in the ordinary manner. Subsequently, within ten to twenty minutes, the

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woman having in the mean time maintained the recumbent posture, the hips elevated on pillows, the hollow sound, being previously warmed to the temperature of the body and properly charged with the semen deposited in the vagina, is placed within the neck of the uterus to a point beyond the os internum, and the fluid is discharged by blowing through the sound with the mouth of the operator.

The operation ought to be performed within three or four days previous to the expected menstrual flow. I always keep my patient on the bed four or five days after the injection of the fluid.

Artificial impregnation is not very popular in this country, but is more so in France. I have had one success out of three experiments, and might have done better, but the parties adopted a child and refused repetition after the first failure.

C. DALIGNY, M. D.

New Hope Academy, N. C.

Diphtheria.

Editor MEDICAL WORLD:—I am impressed with the inquiry, What have we learned in regard to the *Etiology, Pathology, Prophylaxis* and *Treatment*, of this yet formidable malady, during the last three decades, or since I entered the medical profession, March 1st, 1861? Our knowledge of this affection at the time was very crude, indeed, and it seems probable that more would have recovered if left to the "*vis medicatrix naturæ*." I remember that under my "heroic treatment" (for we were taught to attack it "*with a savage energy*"), I lost ten out of eleven of my first cases.

The new science of bacteriology has thrown a flood of light upon its etiology and pathology, while the advances in hygiene and sanitary science have done very much by way of prophylaxis; and a rational treatment now predicated upon those advances has certainly enabled us to be far more successful in its management, even if we have not yet been enabled to cure all of our worst cases.

It is now fairly well understood by advanced medical men, that it is *originally* a *local sepsis*, a specific germ disease; that it is *auto-infectious;* that local antiseptics, properly applied, early in the attack, will do very much toward effecting a cure; that our old "*heroic*" methods (caustics, blisters, swabs, etc., etc.) were hurtful rather than beneficial; that inhalations, sprays, gargles, injections, and soft brushes, are more rational; that while many *new* remedies have been found more or less beneficial in its management, many of us are convinced that the very best and most reliable are to be found in the preparations of mercury, sulphur, and soda, and especially in calomel, bichloride of mercury, and c. p. sulphite of soda, early employed, and later, the old chlorate of potassium and tincture of chloride of iron, while turpentine, eucalyptus, peroxide of hydrogen, and pure sulphur come in for a fair share of efficiency. That it is an *adynamic* rather than an inflammatory affection, and hence the greater reliance upon supporting measures (as tonics, stimulants, and nutrients). These, with *antiseptics* diligently applied locally, constitute a great advance in its management.

This is, of course, only a *suggestive sketch* of what has been done along this line in one short professional lifetime, and can easily be elaborated in the minds of the older members of the medical profession. With this much already accomplished, may we not expect much more in the near future?

C. G. SLAGLE, M.D.

Minneapolis, Minn.

Diphtheria.

Editor MEDICAL WORLD:—On February 1st I was called to two cases of diphtheria both in the same family and both adults. My prescription was; hydrarg bi. chloride, gr. ½; aqua, ozs. viij. Teaspoonful every hour to be swallowed in fractional doses. In twenty-four hours the membrane had nearly all disappeared, the fever overcome, a gentle perspiration taking its place. In forty-eight hours membrane was entirely gone. A teaspoonful was then given every two hours. In the young woman the swelling of the fauces disappeared in a few days, but in the man it was more than a week before the tonsils reached their normal size. Three years since in the same family, six children had diphtheria and one died. The young woman had a severe attack at that time. This is my first experience with bi-chloride alone.

C. B. HUTCHINS, M.D.

712 Post Street, San Francisco.

Treatment of Diphtheria.

Editor MEDICAL WORLD:—I have not lost from death a case of diphtheria in twenty years. Without dilating upon the pathology of this disease, allow me to say to the many readers of your valuable journal, that if they will follow up the line of treatment herein given, they will have the pleasure of seeing nearly every case of diphtheria get well. Allow plenty of fresh air to oxidize the blood. Plenty of the richest and most digestible food. Give brandy, wine or whisky in large quantities, and quinine sulph. in tonic doses, three times daily. Keep the throat clean by the use of a solution

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of chlorinated soda, and above all give the following mixture, *which is the remedy*:

R. Dilute nitric acid.....ounce j.
Water di tilled.....ounce v.
M. Sig —Give one teaspoonful ev. ry 2 hours.

S. M. HASLEA, M.D.
Albuquerque, New Mexico.

A Theory Regarding the Use of Acetic Acid in Removing Various Growths.

Editor MEDICAL WORLD:—In the experiment on the web of a frog's foot, to illustrate the beginning, progress and ending of the inflammatory process, acetic acid is applied to the web, which is tied in the focus of a solar microscope, and we observe, on the screen, that the acid produces spasms and contraction of the capillary vessels, preventing the blood globules from passing through, some of them exude into the surrounding tissues and the others are rammed into the tubes by the force from behind, and what we call congestion and swelling takes place. When the web is washed with water the capillaries resume their original caliber and the blood globules begin to circulate again and the inflammatory process ends.

Is not this property of the acid to cause capillary spasm and closure of the tubes, the explanation of its power to remove fungoid growths like cancer, verucca, etc.?

I knew a case of cancer of the breast where the patient was informed that it was too late to operate, which was completely cured by a constant application of cloths wet with vinegar, and it has occurred to me that this application could be made to cancer of the womb, and a recovery effected.

If nutrition is cut off from these fungoid growths by damming up the circulation in the normal tissues surrounding them, the fungus dies.

The domestic remedy of binding a section of a cucumber pickle on an unsightly wart, for several nights, never fails to remove it.

The application of hot vinegar to sprains, bruises, etc., would seem to be rationally scientific. H. R. HOLMAN, M.D:
Sioux City Iowa..

For Lack of Virility.

Editor MEDICAL WORLD:—On page 22, January number, "Medico" states his case and asks for some member of THE WORLD family to help him. Now, as to horseback riding, I do not think it at all prejudicial to begetting of offspring. Pardon me for referring to myself, but I rode on horseback, conducting a busy Western practice, for twelve years, and my spouse has rewarded me with eight healthy and active children. Doctor, your patient's lack of virility has its origin somewhere else. Shall I venture to say venereal excess? I may be wrong. At any rate you have a case of premature loss of priapism, and in my mind resulting from prostration of the nerves supplying the genitals. Various remedial agencies might be recommended, but those most likely to give relief in the above case are tonics and alterants. I would advise frequent baths of scrotum and penis with cold water, followed by brisk rubbing with dry flannel, and, as to internal medications, I will recommend but one thing, and that is "Sanmetto." I speak from experience, and know whereof I speak. Have used the remedy in similar cases. E. J. YAGER, M.D.
Graysville, Ind.

Needle in the Breast.

Editor MEDICAL WORLD:—On January 15th, Miss ——— stepped into my office, complaining of a painful breast. Upon examination, the trouble seemed to be an abscess of the right breast. She would not submit to an incision, and hence I prescribed hot linseed poultice to be applied, and asked her to call again on the 19th. This she did, when all signs of the abscess had disappeared, and I was about to discharge her, when my tactile sense discovered something in the breast which I diagnosed as a needle. I etherized the patient, made an incision into the substance of the breast, and with a pair of forceps removed a needle which was now black. The patient had undoubtedly been carying the needle in the dress, and in some way it had entered the breast, occasioning but little pain. From this case two lessons may be learned. First, that people in general should not be so careless as to how and where they carry needles; second, that the practitioner can not be too careful in his examination before deciding on his diagnosis.

Madison, Minn. E. O. GIERE, M.D

A Novelty.—Second Report.

Editor MEDICAL WORLD:—In the December number of the WORLD I reported a case under the heading of "A Novelty" and asked for light on it. Since its publication I have received a number of private letters from eminent physicians in different parts of the United States and some ask me to give another report upon it.

I did curette the uterine cavity and injected campho phenique and olive oil (1 to 2), and the woman got along all right until her catamenia appeared again; from that she had the same old trouble of metrorrhagia. I repeated the curetting and injection and gave her as a tonic dil. phosphoric acid and King's syr. hypo-

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phosphites comp., also as a sedative and alterative mixture I gave bromide and iodide of potassium combined. The woman is in a fairly good condition now and has asked to cease taking medicine.

Different diagnostic views were held by those who wrote me. Some said curette, some said not do it. The weight of authority is in favor of calling the growth *Hydatids*. If hydatids is correct they evidently sprang from something else than the villi of the chorion, for we have no evidence that the woman had aborted. Many thanks to the brethren.

JOSEPH J. WALLER, M.D.
Oliver Springs, Tenn.

Urethral Caruncle.

Editor MEDICAL WORLD:—In the February number of the WORLD, I noticed a communication from Dr. J. A. Ward asking advice on the case he mentions.

I think the doctor has an "urethral caruncle" to deal with, and in my opinion local treatment only would not be of much account.

If he would seize the growth with a small pair of forceps, excise with scissors and cauterize the seat of removal to prevent subsequent hemorrhage, he would probably have no more trouble.

The operation is simple and can be quickly done. Common vinegar makes an admirable styptic and could be used as such.

Chicago, Ill. DR. A. H. ROLER.

Synovitis.—Answer.

Editor MEDICAL WORLD:—In regard to the case of Synovitis reported in December WORLD, in accordance with the facts as stated, I would give my diagnosis that the blow or strike of the knee-pan against the sharp corner of the book-case, was the exciting cause. The thirteen days of continued limping around on the wounded patella was an aggravating cause only.

Your attending physician should not hesitate to state under oath that the original cause of synovitis was too violent a contact of the patella with the sharp corner of the book-case.

Tynes, Miss. H. S. TYNES, M. D.

Catheter in the Bladder.

Editor MEDICAL WORLD:—A short time since I was hastily summoned by one of my professional brethren to the bedside of a lady, who, being in labor, and the bladder requiring to be emptied of its contents, the doctor had used the female portion of a combination catheter for this purpose, but by a sudden and unexpected movement on the part of the patient the catheter had slipped from his grasp and had passed through the urethra into the bladder. By request of the physician in attendance, a pair of urethral forceps was passed through the urethra into the bladder. With no little difficulty the catheter was found well in the bladder. It was brought as near the urethra as was possible. The little finger of the left hand was then gently passed through the urethra into the bladder, when the catheter was discovered lying across the opening. The finger was withdrawn and the forceps used to push one end of the catheter up, hoping to bring the other end down. This being done, the finger was again inserted and passed over and around the catheter, and by the aid of the index finger of the right hand in the vagina, the catheter was slowly worked through the urethra until it was brought to sight, when it was withdrawn. Another matter of interest in the case is, that the child was born while the catheter was in the bladder. I have never met with such a case before, during a practice of nearly twenty-five years, and have deemed it of sufficient interest to report. I would suggest, from this experience, that cystotomy be kept in the back-ground in many cases of foreign body in the bladder, as it appears wonderful the degree to which the urethra can be dilated.

CHARLES J. BURROUGHS, M.D.
Jacksonville, Fla.

Ring of Bone on the Penis.

Editor MEDICAL WORLD:—My only excuse for reporting this, like Dr. Adams, is its novelty. During the winter of '84 and '85, I was a student at the Charity Hospital, New Orleans, La., and a man came for treatment, with a section of the long bone of a cow, about one-half or three-fourths of an inch wide, on his penis close to the body, which was enormously swollen. According to his own statement it was put on there during a drunken spree by some rude person three days before. It was with some difficulty cut off by Prof. Richardson, with a pair of cutting nippers, in the amphitheatre, before the class, which, no doubt, a great many remember distinctly.

Downsville, La. G. B. BATSON, M.D.

[As there have now been a sufficient number of such accidents reported to serve the purpose of illustrating this peculiar phase of solitary practice, we shall be obliged to decline to publish any more instances unless characterized by circumstances of unusual interest.—ED.]

EDITOR MEDICAL WORLD:—I have used your Visiting List and Ledger the last two years, and could not well get along without it. This and "The Physician as a Business Man" have paid for themselves many times in collecting money. DR. PETER L SWANK.
Davidsville, Somerset Co., Pa.

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The Treatment of Fevers in High Altitudes.

Editor MEDICAL WORLD:—Has altitude anything to do with the effects of remedies in the treatment of fevers?

I am led to ask this question from my experience in the treatment of fevers in an altitude of one thousand to thirteen hundred feet or more above the sea level. Under such conditions I no longer give quinine, neither do I use tonics of any kind, but invariably pursue a relaxing, diaphoretic line of treatment. My favorite prescription is:

R. Gelseemi im fl ext..... .....fl dram j
Aquæ..... .....q. s. ad. fl. ounces iv
M. Signa.—One teaspoonful every hour.

In some cases I use aconite, in others veratrum viride or belladonna. I do not keep the room at a low temperature, a method strongly advocated by some anthors, as it hinders my treatment by preventing diaphoresis.

I should like to hear from physicians practicing in lower localities, say from two hundred to eight hundred feet above sea level, regarding their experience in altitude *vs.* fevers.

Fairbury, Neb. I. HUMPHREY, M.D.

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Editor MEDICAL WORLD:—Please to give through your journal, diagnosis and treatment of the following case:

The patient, aet 30, is single, and in apparent good health. He is a lawyer by profession, and a diligent worker. He suffers from an ulcerated sore throat. There are also large copper colored splotches on his body; with desquamation of the cuticle of the palms and soles, which sometimes leave small fissures. There is no eruption of any kind on the body. He gives no history of an initial syphilitic lesion. He is genteel and temperate, but he has been a frequenter of "baudy" houses since maturity.

Bridgeport, Ky. J O. ROBINSON.

[Put the patient upon specific treatment, Doctor.—ED.]

Help Wanted.

Editor MEDICAL WORLD:—Will some of the experienced readers of THE WORLD give their views of a case with the following history and symptoms:

Sarah B., aged forty-six years, is well developed, but insane. For the past twenty-five years her general health was good, until three years ago, last October, when a skin disease, or blood poison, whichever it may be, began to show itself at her menstrual periods, first upon her limbs, then over her abdomen and breast, but none to amount to anything on the back. It appears sometimes just before, and sometimes just after her periods, and remains a week or so. The surface becomes raw, and the blood oozes from it. At the present time it does not get well from one period to another.

The mystery of the case is that, as soon as warm weather comes, this condition disappears and remains so until cold weather, and then reappears. This surface of skin, at these times, looks black, and as if great lumps would fall out.

The bowels, as a usual thing, are constipated, and she has been as long as fifteen days without a passage. There was no trouble with the appetite. Her mental condition is worse during these spells, and she will not allow of anything being put upon the surface.

As there is a diversity of opinions, I would like to have assistance. M. S. MCCORMICK.

Eminence, Ind.

Pharyngitis.

Editor MEDICAL WORLD:—I wish some light thrown upon a case of sore throat that is very troublesome in winter, but disappears in the summer. The patient says she feels as though there was something there she would like to swallow and cannot, and when the throat is cleared, there comes up a batch of minute, egg-shaped bodies, hard and glistening, like cartilage. They are about the size of a pin-head. Very little relief has been afforded, and I would like to know how to treat it. The disease is of about two years' standing. Will someone reply through THE MEDICAL WORLD? ALPHA.

Cephalic Tumor.—Infantile.

Editor MEDICAL WORLD:—In a recent case of labor the patient said she had more pain than usual, though she got through nicely. Upon my visit the next morning, I found a tumor on the baby's head. I will give you a description of it, and I would like to hear from you as soon as possible in regard to what it is and what is the best treatment for it. It was not there when it was born. It is over the left ear extending from the seam on top of the head down nearly to the ear, following the cross seam down and extending back to the back circular seam. It seems to be soft, but you can't move it at all,

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and there appears to be no skull under a portion of the affected part. The child, a boy, appears to be hearty and weighed at birth ten and a half pounds. G. B. PARRAMORE.

Conner, Fla.

Calomel in Anemia and Consumption.

Dr. A. Jones, of Deer Lodge, Tenn., states that he has been using calomel in anemia for over twenty years. He also states that in his opinion, the drug acts, not as a germicide in consumption, but as a blood alterative, improving its quality. He says it is superior in the above conditions, to any preparation of iron.

Correction.

Editor MEDICAL WORLD:—In my article on diphtheria, in the March WORLD, an error occurs on page 79, in regard to the strength of the sol. of zinc chloride. Also, the word antiseptic was used inadvertently for disinfectant. It should read:

The disinfectant most freely used has been:

R Zinc sulphat.....ounce ss
Sod. chloride.....dram ij
Aquæ.....ounce xvi

M. S.—Wet the patient's handkerchief and direct him to hold it near his mouth and nose frequently.

I usually have one or two pints of the solution prepared, and use it *ad libitum*, keeping it, however, out of the reach of young children, who might drink some of it.

JOHN J. LIGGETT, M.D.

Ladiesburg, Md.

Troublesome Case.—Help Wanted.

Editor MEDICAL WORLD:—I wish advice in the following case: Mr. A., aged 27, by occupation a section-boss on the railroad. He has been married for twoy ears but has no children. He is hale, robust and hearty to all appearances, and weighs about 175 pounds, is muscular and well developed generally. Five years ago he had a breaking out or eruption, coming on almost every night, which continued for about a year. The doctor called it erysipelas of the blood, but my impression of it is that it was a bad form of urticaria, or hives, at least the present attack closely simulates that disease. He has now suffered from it for two months. At times it will disappear for four or five days, then break out worse than ever, in lumps as large as a small egg, and on any part of the body, often quickly closing the eyes and swelling out the lips enormously. The eruption is preceded by a smarting and burning, which continues until it goes in, which is about from four to eight hours. He is usually much worse at night. He is temperate in all things. I have tried withholding almost all articles of diet at different times, in order to find out the offending aliment, and have examined him all over and find nothing amiss, and not even fever when suffering. Have given him pepsin, mercurials, iodides, quinine, cooling cathartics, and, in fact, have exhausted my stock, wits, and the patient, to such an extent that at times we come dangerously near profanity. Will some one please tell me what to do? I never had trouble before with that class of disease, but now I have, and have it bad.

Herndon, Va. E. Z. DETWILER, M.D.

[Doctor, it looks very much like a case of urticaria due to the uric acid diathesis. We have had our best results in such cases from the benzoates, bromides or salicylates of lithium or sodium. Sometimes minute doses of rhus toxicodendron will affect such cases favorably.—ED.]

Angina Pectoris?

Editor MEDICAL WORLD:—I should like to hear the opinion of the readers of your most excellent journal on the following case:

Mrs. T., age twenty-nine; married. Became prostrate in October, 1891, with ovaritis and uterine catarrh. January 13, 1893, had a typical attack of angina pectoris, which attacks were repeated from one to four times each week, until March 20th, of the same year. The attacks presented every symptom spoken of by Loomis & Bartholow. After March 20th, the patient began to improve, and has had no severe attacks since; but since the 1st of January, 1893, has complained quite a good deal of pain in the cardiac region. The pain is sometimes located in the centre of the sternum, and sometimes just under the nipple, and extending to the left shoulder. This pain is quite severe at times, and the patient feels as if she would have a chill. The pulse at times is quite irregular, varying in a little while from 60 to 120 per minute. There is a sense of weight and depression about the heart. The left ovary is tender all the time, and there is a constant discharge from the uterus. The patient is well nourished. She is a teacher, and has only lost two or three days in six months. Is intelligent, non-hysterical, and energetic. Her father died of angina at the age of sixty-three. Was this a case of true angina pectoris? What connection is there between angina pectoris and uterine and ovarian diseases? Give prognosis. Is it true, as Bartholow says, that angina pectoris, "whether symptomatic or essential, is a fatal malady?"

As this case is of special interest to me, I hope to hear from a great many readers of THE WORLD, either by private letters, or through THE WORLD. E. A. REED.

Knoxville, Tenn.

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Diagnosis and Treatment Wanted.

Editor MEDICAL WORLD:—I beg to ask the numerous readers of THE MEDICAL WORLD for diagnosis and treatment of the following cases:

Case 1st. Mrs. E. M., age 28, family history good. She was married three and one-half years ago, and is the mother of a stout boy sixteen months old. She menstruates regularly every month, has no dymennorhea or leucorrhea. Her general health is good, with the following exceptions: Once a week or once a month or once in three or four months, she will be taken suddenly with a severe pain in the side near her heart, sometimes it will commence in her stomach, then in her side, sometimes in the right and at other times in the left, and sometimes in her arms. Sometimes the pain commences in her head. When the pain commences it increases until she is almost insensible. The pulse is always good, except when the pain is in the region of her heart, then it is almost imperceptible. The breathing during these spells is very slow and irregular; the tongue is clean, there is no indigestion, the liver in good condition and the bowels regular. I have tried various remedies, such as morphine and atropine, Hoffman's anodyne, the bromides, chloral, tinct of valerian, nitrite of amyl, nitro glycerine, fld. ext. of gelseminum, quinine and etc., etc., in large doses, with but little effect, either in relieving or warding off the attacks, except morphia sulph. gr. one-half, atropine gr. one-hundredth, hypodermatically and repeat the dose in half an hour, then one-half that quantity every thirty or forty minutes, until relieved. It generally takes from one and one-quarter, to one and three-quarters grs. morphine to relieve her. She does not take any morphine except when she has one of these spells.

Case No. 2. N. H., a stout built mulatto woman, forty-six years old; the mother of ten children. About eight years ago she commenced having spells with the following symptoms: She will be taken suddenly with a severe lancinating pain shifting from one place to another in her body, sometimes in her back, or shoulders, or in either side, and sometimes in her stomach, increasing until it locates in her left side, at about the fifth intercostal space. She then becomes sick at the stomach and commences to vomit blood of a very dark color. She frequently vomits several times during a spell, all of which is blood. The pain increases in severity in every attack, until she becomes unconscious, with a dicrotic pulse, and in some of the worst spells the pulse is imperceptible. Her menstruation is regular every month. I have relieved her sometimes with Hoffman's anodyne, at others with nitro-glycerine hypodermatically, sometimes with rhus toxicodendron, and have relieved her with Kidder's battery, with faradic and galvanic currents, but for several months of late nothing but morphine and atropine hypodermatically gives relief. I give morphine one-half gr. and atropine one one-hundredth gr. separate every half hour, until relieved. It generally takes from one to two grains of morphine to relieve her. She does not take morphine excepting when she has a spell. I shall wait patiently until I hear from the brethren, without further trial only to relieve. I wish THE MEDICAL WORLD great success. I read every number with great interest.

J. R. HESTIN, M. D.

Prospect Hill, N. C.

Peritonitis.—Advice Asked.

Editor MEDICAL WORLD:—Will some of the physicians who had experience and success with cases of peritonitis like the following, give us treatment through THE MEDICAL WORLD? A young lady was taken on Thursday with a chill and complained of sore bowels, which was slight. A mild cathartic was given which acted gently. The case grew worse rapidly, terminating fatally on the Wednesday following. The bowels were terribly swollen and painful. Counter irritants were thoroughly used and finally a fly blister was applied. Phenacetine and aconite were given to control the fever, opiates were given to keep the patient resting. Was the above treatment as good as any or would saline cathartics have been better?

Piedmont, S. C. J. M. RICHARDSON.

[We think that sulphate of magnesia should have a thorough trial in all cases of peritonitis. —ED.]

Facial Paralysis—Tumors.

Editor MEDICAL WORLD:—The patient, age 56, was working on a house in February, four years ago, in cold, windy weather, when he was attacked with facial paralysis, but was treated and cured. Last July he had a recurrence of paralysis. After trying three M.D.'s he came to me for treatment; I am giving him strychnine and am using electricity and massage. I shall also use the ointment as per December WORLD.

A tumor of the parotid gland developed at the age of sixteen, after having the mumps. It is now as large as the thumb of a man up to the first joint, is movable and gives him no inconvenience. The paralysis, according to the symptoms, is from a lesion entirely external to the skull. Is the tumor the cause of the paralysis? I believe it is. Can it be cured by a removal of tumor? Can that be done without injuring the seventh or facial nerve? PARALYSIS.

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Hyperesthesia.—Reply.

Editor MEDICAL WORLD:—A case has recently come under my observation which is, to me, very peculiar. Its symptoms are manifested in a married woman, aged about fifty-five. She has, as she declares, "animals crawling under or on the skin." Sometimes the sensation is one of rapid movements on different parts of the body, from scalp to soles of feet; the scalp and face being especially affected. These sensations are worse in the latter part of the day and at night, allowing no sleep until late in the night. After obtaining some sleep the last part of the night, she is nearly free from the sensation until the middle of the next day. These symptoms are much aggravated when the weather is changing from fair to stormy. On the scalp, at times, there appears a white, scaly substance. This trouble has affected her for eight or ten months past. Supposing the cause of such symptoms resided in the blood and nervous system, I have given her arsenic and strychnine; also a list of antispasmodics, all to no perceptible benefit. The microscope reveals nothing abnormal in or on the integument. I have now prescribed in her case (nerve sedatives having failed) a powerful blood alterative and antineuralgic preparation, in the form of ichthyol ammonium, as recommended in *Merck's Bulletin*. I also prepared for the case an ointment containing ichthyol and salicylic acid, excipient, vaseline, which is to be applied at night over the entire surface of the body. This latter treatment may possibly be of some benefit. However, believing this case will be quite intractable and difficult to treat successfully, I appeal to you, editors and WORLD readers in general, for diagnosis and treatment of the case.

If Dr. Ward (page 61) will have the lady apply to the excresence, after each micturition, a little pure ichthyol, it will be found almost certain to remove it. W. C. DERBY M.D.

White Cloud, Mich.

[Half a fluid drachm of cod liver oil injected into the muscles of the back (just below the shoulder blade is a good point) generally gives prompt relief. Use every two or three days.—ED.]

Asthma.—Spasms.—Malignant Pustule?

Editor MEDICAL WORLD:—I request space in your valuable journal to report a very interesting case recentlly under my care; Mrs. W., aged 72 years, the mother of six grown children, was subject to asthma for sixty years. Four years ago she had a spasm, which the doctor who saw her pronounced embolism. The next day she came into my hands, and I treated her for indigestion. She was well in a few days. About a year afterwards she had another spasm, but was over it in a few days. In the past November she began taking medicine from a physician in New York for her asthma, which completely relieved her in four days. About the 12th of December she noticed a small pimple over the metacarpo-phalangeal joint of the left hand, with a dark point in the center; thinking it was a splinter, she picked it with a needle. It spread rapidly over most of the back of the hand, was very painful and covered with a heavy scurf. I applied undiluted carbolic acid daily, which relieved the pains and established a healthy condition. I regarded it as malignant pustule. Was I right? On January 15th, 1893, at 8 o'clock P. M. she had a spasm which passed off in a few minutes; at 10 P. M. had another spasm but got over it in a few minutes, being perfectly conscious. I gave bromide of potassium for the spasms. About one hour afterwards the spasms returned, and continued every fifteen minutes all night and next day until 3o'clock, when she died. She was perfectly unconscious. Her left side seemed paralyzed. She had no kidney or urinary or any other trouble except what I have stated. Now, Mr. Editor, having given as plain a statement of the case as I can, I wish information on the following questions:

Could curing the asthma cause the spasms, or the sore on the hand? Could the hand cause the spasms? Was this blood poisoning?

J. J. CULLER, M.D.

Jefferson, Frederick Co., Maryland.

Morning Diarrhea.—Treatment Wanted.

Editor MEDICAL WORLD:—Please give me treatment for "morning diarrhea" in an old gentleman. He is a farmer, of good habits. Each morning he is awakened by an intense desire to go to stool. Frequently he has barely time to get to the chamber. His bowels will move this way three or four times each morning, then there are no more passages until the next morning. The passage are quite fluid and copious.

E. L. STRODE, M.D.

Swan Pond, W. Va.

Retained Placenta.—Curetting.

Editor MEDICAL WORLD:—I was called September 21, 1892, in great haste to the bed side of Mrs. H. On arrival I was informed by Mr. H. that she had been delivered of a three months' fetus ten days previous to my call. (Her attending physician in confinement is of good repute. He delivered the fetus and funis but left the placenta in the uterus, and telling her it would probably remain in the womb

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until the expiration of nine months from the beginning of gestation; she was large and plethoric, weighing about two hundred pounds, and the mother of five children). She was having the third attack of hemorrhage, was unable to perform locomotion, the pulse was accelerated, and the mucous membrane showed a great loss of blood. She had no pains during confinement, nor no after pains. On vaginal examination I found the os dilated to the size of a silver dollar. I used my finger for a curette and removed all the retained placenta I could, gave full doses of ergot, and kneaded the uterus, thus bringing on after pains. It being night, I tamponed the vagina, and told Mr. H. I would call the next day and see more about the case. On my return the following day I was informed that the doctor who attended her in her confinement had called in to see her, told her that I had done entirely wrong by removing a part of the placenta, and not taking all of it. Owing to a large patulous vagina the tampon had come away, followed by another hemorrhage. She was still having after pains. I told Mr. H. I would not conduct the case any further without help. He refused to call another physician and I gave the case up, went away, but called again the next morning with Dr. B. She said she had passed a large clot of blood a few hours previous. The hemorrhages and pains had all stopped. We curetted the uterus, found no placenta and no dilatation at os uteri. Did I do wrong in removing the placenta? Is it possible that the placenta would have remaiued in the uterus and come away at nine months without causing blood poisoning and fever? I would not be without THE MEDICAL WORLD for $25.00 a year

J. W. SHEMWELL, M. D.

Bumpurs Mills, Tenn.

[The doctor was right in attempting to remove the placenta, but he should have curetted away the whole of it, and then have brought about contraction.—ED.]

Diagnosis and Treatment Wanted.

Editor MEDICAL WORLD:—Will you, or any readers of your valuable journal, give me the diagnosis and treatment for the following case:

A lady, twenty-eight years of age, has six children, the youngest being two and a half years of age. She has, for four years, been having a tired feeling, heaving sighs every few hours. She complains of a heavy feeling in the chest, and gets so tired she cannot eat, but has a good appetite, with no trouble after eating. The heart's action is good. There is no headache. She has some vaginal discharge, which is easily controlled by simple injection. She came to me three weeks ago, and on the general nerve remedies she is not improving much. I would be very thankful for any information on this case.

Daykin, Neb. W. A. THOMPSON.

Current Medical Thought.

Removing Superfluous Hair.

Dr. Van Allen highly recommends the following prescription for removing superfluous hair (*Medical Record*, Sept. 19, 1891):

Powdered air-slacked lime.....dram j
Orpiment (arsenic trisulphide. AS_2 S_3) gr ij

Add water enough to form a paste, and mix. Apply to the hairy surface about a quarter of an inch thick. Allow the paste to remain for fifteen or twenty minutes, when it will be dry. Remove; and the surface which before was hairy will be as smooth as the palm of one's hand, the hair coming off with the paste. The skin may or may not be slightly reddened, but this redness will pass away within an hour or so. After a few days the eaten-off ends of the hairs will be seen on careful examination, but a second application of the paste will as before destroy the hair. These applications will have to be made about twice a week at first, then once a week then once a month, etc. The hair grows at first very much as if it had been merely shaved off; later, on careful examination, each individual hair is found to be thinner than before, growing less strongly, the hair, if black, losing its color, and, in a word, yielding to the continual irritation of the paste. This treatment requires about a year or a year and a half to effect an entire cure, but it possesses the advantage that immediately after the first application the patient is, as far as all outward looks go, completely relieved of her deformity.—*New York Medical Times.*

A Substitute for the Nasal Douche.

Twist a long and thin roll of absorbent cotton onto a knitting-needle, introduce it into the nose, and withdraw the needle, leaving the cotton in the nose. A second and third roll are to be thus introduced, until the entire cavity is filled. In the course of a quarter of an hour the mucous membrane begins to secrete profusely, and if the cotton is then removed it will be found that it is saturated with secretions, and the crust lies on the cotton, thus leaving a nicely cleaned cavity for the application of the remedies.—*Lancet-Clinic.*

"MONEY TALKS."

Dr J. J Taylor.—Allow me to say in regard to the "Physic an as a Business Man," that I received $5.00 of value from it, ere I had the book fifteen minutes.

Yours very truly. GEO. S. HAZARD, Ph.G., M.D.
1 Blue Hill Ave., Boston, Mass.

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The Unreliable Practice of Treating by Symptoms.

At the close of a lecture at the Medico-Chirurgical College, reported in the *Medical Bulletin*, in which four cases complaining of the common symptom, "pains in the back," were found upon examination, to have totally distinct diseased conditions, Prof. Frank Woodbury concluded as follows: —

"A lesson that should be drawn from these patients suffering with similar symptoms due to very unlike causes, and calling for very different treatment, is the utterly unphilosophical character of a system of practice based solely upon the treatment of symptoms. As pathologists, you are well aware that symptoms are, so to speak, only the smoke, light, and heat accompanying and directing attention to the hidden conflagration, which, indeed, is essentially chemical in its nature just as the processes of disease are essentially chemical in their nature. Pathology, it should be always borne in mind, is nothing more or less than physiology under changed conditions."

For Tape Worm.

Dr. Duhourcau's new tæniafuge is said to have been very successful. At all events, the pharmaceutical journals are giving out the formula for it. It appears that Dr. Duhourcau, having read in an American paper that chloroform in glycerin, followed by castor oil, was very successfully used in the expulsion of tænia, conceived the idea of uniting the anæsthetic with the purgative. After much experimentation he arrived at the following formula:

Male fern (ext.)	1.20 grammes.
Chloroform	3.60 grammes.
Castor oil	3.60 grammes.
Croton oil	½ minim.

Divide into twelve capsules.

According to the author, these capsules act promptly and with certainty, are easy to take, and cause no toxic sequelæ. —*Bulletin of Pharmacy.*

The Bichloride of Gold Treatment of Dipsomania.

[We believe that we could not give our space to any thing of more interest and value to our readers than the following rather full abstract of an article, by Chauncy F. Chapman, M.D., PH.G., Clinical Instructor in Medicine, College of Physicians and Surgeons of Chicago; member Chicago Pathological Society; read before the Chicago Pathological Society, and published in the *Chicago Medical Recorder.*]

Being determined to find out something definite about the matter, early last spring I obtained a position as physician to a gold cure sanitarium at a distance from the city, and have carefully studied the cure up to within a few days ago. As I have had personal experience in treating about 300 cases, both in and out of the aforesaid sanitarium, I feel that the few remarks I can make may be of interest to you. And first I am prepared to give you the formulary of the gold treatment, which is almost if not quite the same in all of these institutes, as follows:

No. 1. Tonic. Known in the institutes as the "dope."

R.	Auril et sodii chlorid	gr. xii.
	Strychniæ nitr	gr. i.
	Atropinæ sulp	gr. ¼.
	Ammonii muriat	gr. vi.
	Aloin	gr. i.
	Hydrastin	gr. ii.
	Glyceri	oz. i.
	Ext. fid. cinchon. comp.	oz. iii.
	Ext. fid. coca erythrox	oz. i.
	Aquæ dest	oz. i.

M. S.—1 drachm at 7, 9, 11, A.M., at 1, 3, 5, 7, 9, P.M.

No. 2. The injection known in the institutes as the "shot."

R.	Strychniæ nit	gr. 9 1-10.
	Aquæ destil. ad	oz. 4.
	Potass. permangan. q. s. to color.	

Misce. Sig.—Begin with gtt. 5., which equals gr. 1-40. and increase one drop each injection until the physiological effect is produced. Four hypodermic injections to be given daily, beginning at 8 A.M., then at 12 M., 4 P.M. and 8 P.M.

No. 3. Used with No. 2.

R.	Auril et sodii chlorid	gr. 2½.
	Aquæ destill	ad oz. 1.

Misce. Sig.— gtt. 3, every fou hours, in combination with the strychnine solution, for the first four days.

This last prescription is used only for the moral effect, which is produced in the following manner. Five drops of the strychnine solution are drawn into the syringe, and then three drops of the gold solution are drawn in and mixed. This produces a golden yellow color, to which attention is called, and the patient is farther assured as to the reality of the presence of the gold by the stain left on the skin after the hypodermic needle has been removed.

There is no necessity of entering into a discussion as regards the classification of inebriety. It is a disease, a pathological condition, and in the new psycho-neuropathology is placed in the group of disturbances of mental equilibrium known as "psychokinesia" or states of defective inhibition, and generically termed "dipsomania." We recognize drunkenness then as a disease, an extra physiological condition connected with that wondrous web of nerve cell and fiber, wherein take place those activities which underlie the conscious states we term mind.

Drunkenness then being a disease, we naturally look for a cure; being a disease of the nervous system we tend our energies in that direction, using specific therapeutic reagents; and as a maintenance of the physiological equilibrium of the nervous system depends on a healthy condition of the gross economy, we give general constitutional treatment, improving the patient's

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general tone, stimulating and strengthening his nervous mechanism, and surrounding him with such moral influences as will tend to re-inforce his enfeebled volition. Of the drugs mentioned in the formula above quoted, I believe strychnine and atropine are almost specific. Strychnine is recognized as a most valuable neurotonic, and atropine seems to have a special aptitude in decreasing the appetite for alcohol. I have experimented on my own person with atropine alone, and after getting the system under the effects of this substance, with mouth, throat, and fauces dry, a drink of whisky becomes absolutely unpleasant, nay even painful. The functions of the terminal gustatory bulbs seem to be perverted, but even following this, the secondary or systemic effects of the liquor are no longer agreeable.

In one individual, a mild whisky drinker, I saw a well-pronounced dislike for liquor induced by the use of atropine alone. I have to speak here of the fact that there are two classes of patients who come for treatment to these institutes. The first class comprises patients having a strong desire to be cured, who will follow implicitly and with the utmost confidence all directions given, believing firmly in the efficacy of the cure: the second class compromises a large number of patients who are brought, or forced to come for treatment against their own will and inclination. These individuals are skeptical and unbelievers. They will follow directions given, but ridicule the idea that any treatment can produce in them a dislike for liquor. After the appetite for liquor in these cases has been practically decreased, they will, however, force themselves to swallow the now "fiery and nauseating" fluid in order to show the fallacy of the cure. In these people a positive disgust is in almost, if not in every instance, produced in the following manner: the patient is given a drink of whisky, then the so-called bi-chloride of gold solution, really a solution, of strychnine, is injected in his arm, but at the same time, and without his knowledge, he receives one-tenth grain of apomorphine. It takes but a comparatively short time for the emetic to produce its effects, more or less violent emesis is produced, and the patient soon associating the in-taking of the whisky with the subsequent disagreeable and sickening vomiting, acquires a positive disgust for the liquor, and is not able to keep any on his stomach. Now he acknowledges the wonderful power of the hypothetical gold compound, and surrenders unconditionally. He is converted, and from an unbelieving scoffer, is changed into a disciple and supporter of the Prophet. These are cases the most widely advertised and that have done the most good for the "Keeley Institute" folks. In this connection I would call your attention to the very large doses of strychnine employed. I have myself unhesitatingly exhibited hypodermatically one-eighth grain four times a day, in addition to the one-forty-eighth grain given every two hours, by the mouth, until eight doses have been given in the day. This maximum dose is gradually but rapidly reached, beginning with one-fortieth grain hypodermatically, until the effects of the drug become manifest, when the dose is gradually decreased. In a number of cases I have seen the effects of the strychnine pushed to a remarkable degree, until the entire muscular system of the man would be in a continual state of tremor, until when on putting the heel rather suddenly and firmly on the ground, more or less opisthotinos would occur, and in certain cases I have seen this condition so well marked that antidotes would have to be exhibited, the drug habitually used being chloral hydrate. And here I would notice certain dangers and defects in the Keeley treatment. In these places the attending physicians are in ignorance of the composition of the medicinal solutions they are using, and all patients are treated exactly alike without regard to personal or individual idiosyncrasies. This is very wrong, each patient must be carefully studied as an individual, his psychical and physical idiosyncrasies and conditions carefully noted, and both by day and by night he must be under the watchful care of the physician. A series of doses that would have but little or no effect on one patient would almost kill another, and then it will not do to depend entirely on the strychnine and atropine. A generous diet must be given, baths plain, turkish or electric, massage, rubbing with flesh-brush or loofa gloves, and the administration of maltine, liquor potass. arsenitis, combinations of iron, the hypophosphites, etc., should be taken into account. Not secondary in any way is the moral treatment, the rousing in him of a healthy active interest in himself and his surroundings, the awakening of his latent or dormant manliness, the strengthening of his moral sense, of his powers of volition; plenty of sleep, rest, and quiet, a sufficient amount of muscular work to produce a healthy and pleasant fatigue at the close of the day, all go together in raising the sick man, and producing out of the wreck, God's noblest work, a healthy human being.

I am forced to believe that properly used this mode of treatment is valuable; that improperly and empirically conducted it is dangerous, and that it is not generally adapted for private practice. The patient should be in a sanitarium or retreat which ought to be situated in the country with pleasant surroundings; roomy, airy bed-

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rooms, a good cuisine, and scientific physicians in attendance who will study each patient as an individual and carefully watch him during the whole course of treatment, which is usually about three weeks. There should be no secrecy or charlatanism about the treatment. Each physician should know exactly what he is administering, and in what amounts, what to expect, what contingencies to be prepared for and what to avoid. As regards the prognosis we must be guarded.

The medical man who will guarantee the cure of any pathological condition, no matter how simple, is a fraud and a quack. A man may suffer from pneumonitis and recover, but we cannot say that he may not have a second attack in the near or distant future. The patient should not be released from treatment when he passes from under the daily direct observation and care of his physician when he leaves the retreat. Tonics must be continued. I have found the elixir of iron, quinine and strychnine very useful, as also the syrup of the hypophosphites, and the bitter tonics. He should receive directions as to his daily life, be warned to avoid all dissipations and excesses, to be regular and temperate in all things, to obtain plenty of rest, and pay strict attention to his excretory apparatus, living up to the old motto, "Fear the Lord and keep the bowels open." In all cases the nisus generativus for the time being below par. I believe it is best for these individuals not to use tobacco. There is danger of excess in the use of the weed, its effects are not good, and it often proves to be a material factor in causing a relapse.

Let us call your attention for a moment to some details of this so-called "cure." In these "Keeley Institutes" in the room in which the hypodermic injections are given, three bottles stand on the desk, filled with different colored mixtures; one red, one white and one blue. In the "red" bottle is the nitrate of strychnine solution, the "white" bottle contains the atropine solution and in the "blue" bottle is the apomorphine mixture. In every case the "red" and "white" solutions are used, but where a patient is contumacious and refuses to surrender, the grand Inquisitor applies the "torture," and in addition to the "red" and "white" liquids he exhibits the "blue." According to the jargon of the "graduates" and "under-graduates" such a patient is described as having received the "barber-pole." Such a sickening effect is produced by this "barber-pole," or red, white and blue treatment, that after he has received it once, a patient will be seized with absolute terror when he sees the operator reaching for the "blue" bottle.

In conclusion I desire to state in a most emphatic manner that the Keeley cure is a shameless, bare-faced, money-making scheme, as practiced, and the men engaged in it are totally devoid of ethical honor. Powerful drugs are administered by incompetent men who are absolutely ignorant of what materials are being used, or in what amounts these materials are being given. You are familiar with the long list of fatalities that have been reported following the treatment.

I desire here to reiterate my positive opinion, however, that properly and scientifically conducted, good results can be obtained.

The two following cases are selected for report, as being typical:

Case I. Mr. Blank, aged thirty-nine years, occupation, clothing-clerk, weight 225 pounds. In splendid physical condition. This case is one that might be termed a periodical drunkard. He was brought to me for treatment against his will, by two policemen and three hack-drivers. He was very much opposed to the treatment on account of the fact that he had taken a course of treatment at the Keeley Institution at Dwight without any benefit whatever, his appetite for liquor remaining unchanged. He declaimed loudly against all liquor cures, stating that he had paid a very large sum of money to the Dwight Institute without receiving anything in return, and that the whole affair was a fraud on the face of it. I may here say that after a patient has received a course of treatment in a Retreat and has a relapse, subsequent treatment is always more difficult. To return to my patient, he was in a drunken hilarious condition, but became exceedingly angry when he discovered where he was, and it took five men to hold him and prevent him from injuring himself and others. I gave him a dose of grs. 40 of sulphonal, and after the lapse of fifteen minutes I exhibited gr. one-half of morphia sulph. hypodermatically. This not producing the desired effect, in about thirty minutes later I gave him per orem, grs. 40 of potassium bromide with grs. 30 of chloral hydrate. His excessively excitable condition amounting almost to a maniacal attack, subsided, and he slept soundly through the entire night, watched carefully by an attendant. The course of treatment was as follows: He was allowed to drink all the whisky he desired and a quart of liquor was sent to his room. Beginning with the tonic at 7 A. M., and the hypodermic injection at 8 A. M., he received one injection every four hours and one dose of the tonic mixture every two hours, until 9 P. M. The physiological effect of the treatment was not reached until the end of the fourth day, when he began to show umistakable signs of strychninism.

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This was one of the cases that fought strongly against the treatment and forced himself to drink liquor, in spite of the fact, afterward confessed by him, that he had begun to appreciate a certain amount of distaste for it. I therefore began to give him without his knowledge, grain one-tenth of apomorphine with each injection, which had the desired effect. I gradually decreased the amount of strychnine given with each injection, but kept up the use of the tonic, and after the eighth day he gave in, and said he could not drink whisky no matter how much he might try. For three weeks I kept him on small doses of the injection and tonic, and discharged him recovered. He is now under my observation and declares he has no desire for liquor whatever, although it is now over four months since he was discharged from the institute. I will continue to keep him in view, and will watch his course with interest.

The fault in connection with the treatment of this gentleman at Dwight, was, that he was treated the same as every other one; he required a large amount of strychnine to bring him under its effects, small doses not having any influence. This condition I desire to accentuate, as in the next case I here report, if the same doses of strychnine had been given, a serious result would certainly have followed.

Case II. Mr. Blank, aged forty-four years, weight 125 pounds, occupation, hotel keeper. His is of a very nervous disposition and had been drunk for over twenty years. He was brought for treatment by a friend of his, and was a very willing patient, stating that he longed to be cured of his bad habit. I started him on the usual treatment, not giving him as large doses as in case I. In three days he came fully under the influence of the drugs, and of his own free will stopped drinking. He was discharged at about the same time as case I, and has not in any way relapsed.

He is now and has been since his discharge under my observation, and I will continue to watch him. During the course of his treatment he suffered from visual and auditory hallucinations, but these soon disappeared, and have not returned. I believe these illusions were due to atropine, as on reducing this agent, they began to pass off.

Of the three hundred cases that have been under my care since last April, I know of but two relapses, and I have followed up nearly every case, both by correspondence and having some report to me at various intervals of time. Of the two relapsing cases one was a barber and a persistent gambler. For quite a long time he remained straight, but was rendered very uncomfortable by the fact that his friends were continually twitting him on his being a "bichloride of gold" graduate. This annoyed him so that he began drinking.

The second relapsing case was the son of a saloonkeeper, and about a month after his leaving the institute, his father put him attending bar in his own saloon, causing the young fellow's fall.

I am now treating here in the city by the treatment I have outlined, a number of these cases, and will be glad at some future time report to you farther in the matter.

[The above corresponds pretty closely with the following from an observer in a different part of the field.]

THE KEELEY SYSTEM.—As we are located near Dwight, many patients from this city have been there, and from various conversations with them, and after hearing a description of their symptoms while taking the treatment, I have come to the conclusion that the following, obtained from one of the graduates who had the medicine analyzed, is the secret of the Keeley cure.

Patients on entering the institute are given a mixture containing

R. Auril et sodii chloridi.....drachms ss
Strychniæ nitrat.....grains iv.
Atropinæ sulphat.....grains j.
Glycerini.....ounces ij.
Ex. fl. cinchonæ q. s.,.....ounces xvj.
M. Sig.—One teaspoonful in water three times a day.

The members report four times a day and receive a hypodermatic injection of strychnine nitrate, grains $\frac{1}{60}$. They are told that they can have all the liquor they want. "If you feel like taking a drink," says the doctor, "just ask for it." Mark you now, here is the secret. If the patient asks for a drink of whisky he gets it; but instead of the injection of strychnine nitrate, he receives one of apomorphine, grains $\frac{1}{10}$. Of course the whisky makes him sick; he is unable to retain his once favorite beverage, and he promptly informs his fellow undergraduates, and write his friends glowing accounts of the great change and new life that have come over him since taking this wonderful cure, which he feels sure could only have been brought about, as Mr. Keeley himself said in a lecture here recently, by divine appointment.—J. J. Browson, M. D., in *Medical News*.

Reunion of Parts Severed From the Body.

At a meeting of the Clinical Society of Maryland, Dr. J. T. M. Finney related a case of severed fingers reapplied seven hours after the accident with perfect union, and recovery of motion and sensation. On January 2, 1890, the patient, a machinist by trade, came to the Johns Hopkins Hospital about half past 12 o'clock, giving the

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following history: He was a machinist by trade and was running the engine in the absence of the regular engineer in a tin shop. He went to work about five o'clock that morning, and a little later, while going about a machine used for chopping blocks of tin, he dropped something, and while stooping down to pick it up his hand slipped under the knife and the ends of the middle and ring fingers were cut off. The middle finger was cut off just beyond the last joint. The joint was opened. The ring finger was cut off just above the root of the nail. This occurred, the man said, about half past five o'clock. He wrapped up the stumps and went home, where his wife covered the wounds with beeswax. He arrived at the hospital at the time previously stated. I asked him where the stumps of the fingers were and he produced them, wrapped up in a piece of newspaper. They were very cold, almost frozen. I placed them in a basin of warm water, using no antiseptic, because bichloride or carbolic acid might cause a layer of coagulation necrosis and prevent union. I scrubbed up the stumps of the fingers with a 1-2000 warm bichloride solution, then I carefully rinsed them off in warm water. This process consumed at least half an hour. Then I took a shaving off the ends of the fingers, so as to have a periectly fresh surface. The stumps were treated in the same manner. The bone was scraped. I sewed them on, using four stitches in each case. I then applied strips of crepe lisse with collodion the whole length of the fingers on each side. These held the severed portions in exact apposition. Then I used other strips around the fingers, binding them together, and then applied a palmar splint and used a large absorbent dressing. He came back in a week, and when the dressing was removed the fingers looked very well. I reapplied the dressing and told him to report in another week. Dr. Brockway saw the case on his return at the end of the second week. He took out the stitches and removed the dressing, and said there was no doubt but that the fingers had united, and that the man seemed to have sensation at the ends of his fingers, although he thought that this sensation might have been transmitted. The man then disappeared entirely from view. He returned about a month ago with an injury to his other hand. It is difficult to say, at first sight, which hand was injured. There is a slight motion in the joint which was opened, and the sensation in the fingers is perfect.

Dr. Randolph Winslow added: This case of Dr. Finney's calls to my mind a case which I had about fifteen years ago. I was called one day to see a woman who followed the occupation of an upholstress. She had chopped the end of her thumb off with a hatchet, perhaps half an hour before I saw her. Upon inquiry about the missing piece, I was told that it was about the floor somewhere. I hunted it up, cleaned it, put it on with adhesive strips, and it is there to this day.

It is rather an important matter that we should replace these lost parts, and in many cases we will have success. I have a number of times replaced parts which were essentially cut off, attached by a minute portion of skin, with successful union.—*Maryland Med. Jour.*

A Miracle Cure Exploded.

Archbishop Ireland recently dealt in a novel but most sensible way with a so-called miracle cure which was being exploited at Canton, Minn. The report was that a miraculous image of the Virgin and Child had appeared upon a pane of glass in the window of a church at Canton, and that infirm persons were making pilgrimages to the church. Thereupon the Archbishop gave orders that the matter should be investigated by a scientific expert whom he appointed. When the result of the investigation was made known to the Archbishop, a few days ago, he took the action in the case which is required by the laws of the church, and the "miracle window" will not hereafter be seen. The expert found that a fraud had been perpetrated by a photographer of the place, who had subjected the pane of glass to a kind of treatment under which, by means of a certain apparatus, the images were made to appear upon it. The expert also found that though many infirm pilgrims had been drawn to the place by reports that miraculous cures were performed there, not one of them had been relieved of his infirmity. He furthermore ascertained that a number of conscienceless men in Canton were allied with the photographer, and had mercenary reasons for trying to keep up the delusion.—*N. Y. Medical Record.*

[Such would be the out-come of about all the "supernatural" stuff and nonsense, if it were submitted to scientific test.—Ed. M. W.]

Bleaching Bones.

Bones may be bleached by placing them in a solution of eleven ounces of caustic soda in forty-five ounces of water; after having been left for two days in this liquid, they are to be well washed in water and immersed in a solution of seventeen ounces of sodium sulphite in forty-five ounces of water. At the end of five or six days, one ounce of hydrochloric acid in five ounces of water must be added to the solution, in which the bones are to be left for a couple of days more, well covered. At the end of that time they are taken out, washed in water and dried.

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These quantities of bleaching agents are sufficient for twenty-two ounces of bones.

A very effective method of bleaching bones so as to give them the appearance of ivory, said to have been first used at the Bavarian Museum, is as follows: After digesting the bones with ether or benzine, to remove the fat, they are thoroughly dried and immersed in a solution of phosphoric acid in water, containing one per cent. of phosphoric anhydride. After a few hours they are removed from the solution, washed in water and dried, when they will have the appearance indicated above.—*Druggists' Circular.*

Intra-Uterine Injection of Glycerine.

The injection of glycerine into the rectum has for some years been current in practice, and it is recognized in certain conditions to be a very convenient and efficient method of administering an enema. It strikes me as strange that a substance so efficient in emptying the rectum should until now have been put to comparatively few trials in emptying the uterus of its contents, for *a priori* it seems a likely agent for this purpose. M. Pelzer records some observations made in the latter direction, and speaks favorably of intra-uterine injections of glycerine for the inducing of necessary premature labor as well as in cases of insufficient uterine contraction. His method of procedure is as follows: He takes a syringe of the capacity of one hundred and fifty grammes. or a little over four ounces, and, having filled with pure glycerine, he attaches it, through the medium of a gutta-percha tube, to a perforated sound. Having cleared the apparatus of air in the usual way, he introduces it into the uterine cavity between the posterior wall and the membranes to the fundus of the organ. The glycerine is then injected, and the pelvis elevated to prevent its rapid escape. In a very brief space of time energetic contractions are set up. The effect of the glycerine is due in part to the mechanical action in separating the membranes from the uterine wall and in part to its chemical affinity for water, by virtue of which some of the amniotic liquid is abstracted, which in turn contributes to a further detaching of the membranes. On the whole, M. Pelzer was pleased with his results, and suggests glycerine as worthy a further trial in obstetric practice.—*Lancet.*

The Principles of Treatment in Gonorrhea.

At a late meeting of the International Dermatological Congress, Prof. Neisser, of Breslau, formulated the rules for the treatment of gonorrhea in the following conclusions:

I. The basis of all prophylactic and therapeutic measures in this disease is the recognition of the gonococcus as the cause of gonorrheal infection. It is necessary in every stage of the affection to determine the presence and seat of the lesion. The diagnosis is impossible in many acute cases and in all subacute and chronic cases without microscopical examination of the secretion for gonococci; microscopic inspection alone, especially in women, is perfectly worthless.

II. The dangers of gonorrhea are:

1st. That the gonorrheal virus and the lesions resulting therefrom may not remain confined to the mucous area originally infected. In men the posterior urethra—so inaccessible to therapeutic measures—the seminal ducts and epididymis may be attacked, and prostatic and vesical complications may arise. In females the uterus, tubes, ovaries and peritoneum may be affected.

2d. That during the latter stages the gonorrheal virus extends to the deeper epithelial layers.

Owing to this extension in both directions, both over the surface as well as into the deeper parts, it comes about that the virus may remain for months or years in places difficult of access or inaccessible; that is, may form a chronic source of infection. It is only during the first stages that the virus is found in accessible places (in males the anterior urethra, in females the urethra and cervix) and in the superficial layers of epithelium, so that the disease is easy to treat, even by the patient himself.

The aim of treatment in gonorrhea should, therefore, be to prevent conversions of an anterior into a posterior urethritis and of an acute into a chronic urethritis. It should therefore be commenced as early as possible after infection.

III. Only medicaments should be employed which (*a*) destroy gonococci; (*b*) increase the inflammation as little as possible; (*c*) have no injurious action upon the mucous membrane, such as solutions of nitrate of silver 1-4000 to 1-2000, ammonia sulpho-ichthyolate 1-100, sublimate 1-30,000 to 1-20,000.

Improper are remedies which are simply astringent on account of the danger of transporting the virus by the injection.—*Atlanta Medical and Surgical Journal.*

The Futility of Local Medicinal Treatment in "Catarrh."

In order to give a fair presentation of both sides we reprint the following from the Omaha *Clinic*:—

An ample waste-paper basket would scarcely hold the clippings of idle prattle published yearly on new remedies, preparations and prescriptions for the local treatment of catarrh. They are but sad commentaries on our empiric

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use of medicines, for a little thought on the etiology and pathology of nasal affections would show the fallacy of trying every new drug as a specific in this disease. Now the fact is, there is not a drug in the whole armamentarium of medicine that has any action at all specific in catarrh; *disinfection, antisepsis, cleanliness and solubility of mucus* is the utter limit of their usefulness so far as curative action is concerned. An enlarged state of the tissues of the turbinated bones and the mucous membrane cannot be made smaller by any direct medicaments, nor can a wasted membrane be built anew by such methods. If any change happens of a curative nature, it is due to some change in the environment of the patient; as a climate in which he is not liable to sudden changes or some such means by which the general conditions are improved. The tissues of the nose can be dealt with by caustics, by the galvano-cautery, the drill, snare or knife; the septum (cartilage) must never be interfered with by caustic or the galvano-cautery. In the hands of the surgeon, hypertrophic rhinitis is nearly always amenable to treatment; atrophy is often beyond all his skill. Keep clear of the favorite prescription of the quack, which is those drugs that cause quick contraction of the mucous membrane and temporary relief in hypertrophy, to wit: cocaine and strong solutions of thymol, menthol, and carbolic acid. *The reaction following makes the original condition worse, and such treatment leads eventually to severer forms of atrophy.*

What is the Quickest and Best Test for Albumen and Sugar in the Urine?

In spite of the number of tests that are in use in practice and in the laboratory, there still occur cases in which the result is unclear and doubtful. The author wishes to call attention to a combined test for albumen and sugar which is not new, but has not become widely known. By this test one test tube of urine in one sitting can be tested in three or four minutes for albumen and sugar, and the result can be relied upon as being absolutely accurate. The albumen test is the usual one: A test-tube is one-fifth filled with filtered urine, boiled, and then one-tenth of the volume of nitric acid added, not by drops, but all at once, and not again boiled. If a sedimentation occurs, albumen is present. If the urine remains clear, there is added to the same test tube one tenth to two tenths volume; that is, ten to twenty drops of Almin's solution, and the urine again boiled one to two minutes long. If a deep brown to black color appears, then sugar is presented. If the urine contains albumen, it is filtered clear of the coagulated albumen, and the procedure continued as already described. The whole test as described can be carried out in from two to four minutes. The Almin's solution (four grams Seignette's salts are dissolved in one hundred parts of ten per-cent. liquor sodii, and stirred up in a water bath with two grams subnitrate of bismuth until as much as possible of the bismuth is dissolved) can be had at any druggist's, and in colored glass is preservable for years. The test is dependent on the property of glucose to reduce bismuth in an alkaline fluid, and is hence a modification of Boetger's test. The test shows the presence of sugar in quantities of from 0.05 to 0.1 per cent, and so is more delicate than Trommer, Heller or Fehling. Sources of error in Trommer's test from presence of uric acid or kreatinin are avoided in this test.—By Dr. Benno Loquer, Weisbaden, *Amer. Pract. & News.*

Quality of Drugs Prescribed.

An experienced workman in any field knows well the inestimable value of having the best tools to work with.

Does every physician take the trouble to learn what is the quality of the medical tools he uses?

How few druggists test the medicinal purity or strength of their purchases.

It becomes necessary then for the intelligent physician if he cannot himself determine why a certain medicament is efficient at one time and fails utterly to produce the medicinal effect at another to rely on manufacturers of long experience who resort to every precaution to secure accuracy, from the collection and preparation of the crude drug to the finished product.

What would be thought of the lawyer with an important case in hand who should take no measures to secure the presence of his most important witness on the day of the trial, or the soldier with the most approved weapon who was careless of his ammunition. Theirs would be short careers, and yet the physician, with life dependent upon his efforts, equipped with a thorough medical education, with a full appreciation of the case in hand, and who with reliable drugs could effect a cure, often prescribes his remedies with no knowledge of their make-up, and therefore of their quality. Is this common sense or common prudence? Do you purchase your hat or your coat after this fashion? Then why your medicine? Have you ever thought of it in this light, doctor?

You must know that there are reliable and worthless pharmaceuticals. Your druggist may be perfectly honest in his convictions that his convictions that his stock is reliable, but pharmacists as a rule fail to test the quality of drugs purchased. Many are influenced to sell an infe-

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rior quality through the greater margin of profit on it. The only safe rule is to specify in prescribing the product of the manufacturer you know to be absolutely reliable, and to see that your request is carried out, and that the druggist keeps in stock the product you want.

It is reasonable to assume that those makers of medicinal preparations whose products are not of a secret nature, or of an unknown formula, but those who rely on their substantial merit, which is incontestably the secret of their present general employment, are the most desirable to select drugs from.

All who have inspected the methods of manufacture of the products of the house alluded to must have been impressed with the care taken to secure accuracy in this institution. Their facilities for procurement of the crude drug being used in their laboratory, these are identified by their botanist and submitted to the rigorous examination of their analytical department.

No fluid extract is permitted to leave their laboratory until fully approved of standard value.

They invite comparative tests of their pharmaceuticals by all other manufacturers. The house we refer to is that of Messrs. Parke, Davis & Co., of Detroit, whose methods of manufacture we have personally had the opportunity of inspecting.

The Influence Exercised by the Size of the Dose.

A. M. Femandez de Iberra, in *Gaceta Medico-Quirurgria*, Nov. 1892, very pertinently calls attention to the clinical fact that drugs have a widely different effect according to the amount employed, which he formulates as follows:

1. It is a well known fact that a teaspoonful of the syrup of ipecacuanha is sufficient to produce emesis; but it is no less a fact that one drop of the wine of ipecacuanha in a tablespoonful of water, administered every fifteen minutes, is of great service in checking frequent vomiting, especially that of pregnancy, and also that occurring in subacute gastritis, and even in that which, accompanied with diarrhea, is seen in children.

2. Tartar emetic in doses of five milligrammes (1-12 of a grain) is a diaphoretic and at the same time a slight cardiac depressant; while in amounts of ten centigrammes (1-12 grains) is an active emetic.

3. One milligramme (1-64 of a grain) of calomel, given every hour, during ten or twelve consecutive hours, relieves headache of syphilitic origin, a symptom generally occurring at night. Undoubtedly, this substance, administered in such quantities, is wholly absorbed and thus carried to the brain by the current of the circulation.

4. It is well known that cantharides, in large doses, produces intense inflammation of the urinary tract; but it is also a fact that one single drop of the tincture of the remedy, taken every hour in a half-glassful of water, relieves many cases of true vesical catarrh.

5. Infantile diarrhea, complicated with as light intestinal inflammation and mucous discharges (without the disorder being a true dysentery), castor oil, in doses of three drops, administered in sweetened water and a little gum acacia, is an excellent remedy.

6. In cases of orchitis and epididymitis great relief is obtained in a short time, from the administration every hour of two drops of the tincture of pulsatilla in a little water.

7. No one denies that the fluid extract of ergot is highly useful in the treatment of excessive menstruation. On the other hand, it is a fact (although apparently paradoxical and perhaps not generally known) that the same medicament, in doses of one drop every half hour, is quite efficient in cases of amenorrhea not dependent upon anemia.

8. Balsam of copaiba in large quantities produces utricaria, and yet one drop of this remedy, ingested every hour, often cures cases of that cutaneous affection.

9. Fowler's solution, administered in doses of one-half a drop every half an hour, during three or four consecutive hours, will relieve the vomiting occurring after a debauchery, and is similarly useful in the vomiting of pregnancy.

10. One gramme (sixteen minims) of a solution of the sulphate of atropine, of the strength of 1-200 of a grain in a glassful of water, and of which the dose shall be a teaspoonful every hour, produces great relief in cases of pseudo-croupous disorders of reflex origin which are often observed in children. In such instances, however, when the full physiological effects of the drug begin to manifest themselves, the intervals between the doses should be increased.

An Injection for Muco-Membranous Colitis.

Prof. Revilliod (*La Semaine Medical*, No. 1, 1893), recommends the following injection in the treatment of muco-membranous colitis:

℞ Quince mucilage, (ounces xvj) ..... 500 gms.
Subnitrate of bismuth, }
Salicylate of bismuth, } (grams ijss) ..... aa 10 gms
Sufficient for one rectal injection.

After having evacuated the intestine by a purgative injection, as of castor oil or ipecac. following with one of borated water, the patient is placed upon his back, his hips slightly elevated and this bismuth injection administered and

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retained for twenty-four hours, if possible. The bismuth is generally not eliminated with the first stools, but after several days, in more or less voluminous pieces, with a stool devoid of mucus. If necessary, the injection may be repeated. The professor has found this treatment to give excellent results not only in colitis, but also in chronic dysentery, as well as in ulcerations of other kinds of the large intestine. In a case of colitis, dating back several months, he had oqtained a cure after a single injection. —*Lancet Clinic.*

Dr. Ernest Finger's Conclusions Regarding Urethral Stricture.

We find the following intelligent resume in Dr. Elsworth S. Smith's Vienna letter to *The Medical Fortnightly.* "He has many clear and distinctive ideas on the subject of chronic posterior urethritis and stricture, and has resolved these rather extensive subjects into a few short and lucid propositions. Especially with regard to stricture are his views admirable. He holds that the calibre of the urethral canal (or rather its dilatability) increases steadily from the meatus to the pars prostatica; and from this anatomical fact he draws the following conclusions:

First, the diagnosis of the limitation of this dilatability must be made with an instrument which can efficiently test its limits at every point in the pars anterior.

Second, neither the bulbous nor the ordinary sound will answer for this purpose, as a considerable interference with this dilatability may elude the latter, and a slight amount the former, because it is impossible to introduce an instrument at one end of a cone (represented in this case by the meatus) which will completely fill the portions of larger diameters towards the base (the deep urethra, or pars prostatica). Meatotomy will not assist matters, as, in order to be effective a section would actually have to be made along the entire canal to meet the requirements of the case.

Third, the conical sound is, for the same reason, not effectual in the dilatation of stricture of large calibre, for the small end of a cone will not admit an instrument which will dilate completely its other and larger extremity.

Fourth, for the accurate diagnosis, therefore, of a stricture, especially of large calibre, an instrument is required which can be enlarged, after its entrance through the meatus, to a size sufficient to thoroughly test the dilatability of every portion of the canal; such an instrument is the urethrometer of Otis.

Fifth, for the dilatation of all strictures situated at sites whose calibres should be greater than that of the meatus conical sounds will answer up to the size of the meatus, after which Oberlander's dilator, an instrument very similar to the dilating portion of Otis' urethotome, is alone capable of effecting a cure. After its introduction its calibre can be gradually increased until it reaches what should be the normal calibre at that point.

In proceeding in this manner in the treatment of urethral narrowings, he does not find it necessary to make meatotomes, and he resorts to the use of the urethotome in only two classes of cases, viz., in the recurring variety; and in those essentially irritable. Even the latter he is often able to handle successfully without the knife, by means of cocaine. Of course these propositions are still young, and yet require the test of time. Two cases treated by Dr. Finger according to the methods described above, and dismissed as cured, two years ago, have since that time, at stated and careful examinations, showed no evidence of relapse. Let us hope that these cures will be permanent and that many others will be added to the list to confirm Dr. Finger's theory, "That a strictured part once returned, completely and thoroughly to its normal calibre will never again contract,"—a reward the doctor deserves for the clear presentation of the subject his theory furnishes.

He also advises the testing of the dilability of the canal in clinical urethritis, that narrowings may be detected early, when the exudation is still unorganized and absorption all the more easy and thorough of accomplishment."

The Treatment of Typhoid Fever.

The treatmeat of typhoid fever at the Pennsylvania University Hospital is as follows:

1. Milk diet.

2. Absolute rest in bed; enforced use of bedpan and urinal. Disinfection of stools with chloride of lime.

3. Tub bath whenever temperature reaches 102 1-5°.

Rules for Bathing.—(*a*) When temperature of patient is below 101°, temperature observation to be made every three hours; when above 101°, every hour; when 102°, every half hour.

(*b*) Temperature of bath, 70°.

Tub is wheeled aside the bed and patient lifted in by two nurses, one holding the patient under the arms, the other by the legs.

(*c*) Systematic rubbing is kept up during the bath, and afterward if the patient shivers much.

(*d*) Water (temp. 50°) is poured over head and shoulders at the beginning of the bath.

(*e*) If desirable, a hot drink, such as hot milk or milk punch, may be given the patient during the bath. If temperature is difficult to

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reduce, a glass of ice-water may be given instead.

(*f*) Patient remains in bath from fifteen to eighteen minutes.

If temperature tends to remain high, cold cloths or an ice-cap are applied to the head.

Above is the detail of the bath treatment used here. No medicines are given constantly. The vast majority of cases require whisky in greater or less quantities.

Indications are treated as they arise. Our rule is to keep patient in bed and upon milk diet for one week after the temperature reaches normal.

In regard to the prevalence of typhoid fever since September 1st, and the locality of the residences of the patients, I would state that we have had ten cases of it in the University Hospital since the above-mentioned date, and that six of these have resided in West Philadelphia within a radius of one mile of the hospital.

The cases have been for the most part uncomplicated, and our death rate has been *nil*.

In one case a relapse occurred on the thirty-first day, after an apyretic period of seven days. This occurred despite the fact that the patient occupied still the dorsal decubitus, and was still on a milk diet.

The treatment pursued at this hospital is the Brand treatment. Whenever the temperature of the patient reaches 102½° he is plunged into a tub of water (temperature of 70°) and allowed to remain for fifteen minutes. The effect of the baths on the temperature of different patients varies. Some drop immediately to normal or thereabouts, while others require a repetition of the baths to keep the temperature below 102½°. In none of the bath cases was there observed any delirium whatsoever.—J. F. Schamberg, M. D., Resident Physician, University Hospital, in *Times and Register*.

Impotency and Its Treatment.

I have had some excellent results from circumcision, also in a number of cases from daily suspensions of about two minutes each continued for about six weeks.

Conjoined to the above, I generally regulate the general health by proper diet on clam broth, lobster salads, oysters, celery, eggs, and the moderate use of good dry wine—where means permit it I usually advise champagne.

The patient should in the meantime lead a pure life in every sense. He should sleep apart from his wife, (if he has none he should not worry about his impotence, but rather look upon it as a disguised blessing that will keep him out of trouble), and not think of cohabitation until prompted by a "call."

Many of these so-called impotents are only so in imagination and the physician should not neglect to attend to their mental condition. A quarter of a grain of cannabis indica extract two or three times daily is often a good moral and mental lever.—P. C. Remondino, M.D. in *Medical Review*.

[We have gotten better results fron electrical applications in impotence, than from any other method of treatment.—Ed. M. W.]

Trional.

Under quite recent clinical tests, is found to have a special value in uncomplicated agrypnia, or wakefulness with a certain amount of excitement. In these cases it is said to have acted promptly and effectively in doses of one to two grammes. Trional is useful in convalescence from the abuse of cocaine and morphine. Some of the reports state that doses of two grammes would usually procure for these patients a sleep of from seven to nine hours duration. According to a recent report of Boettiger, dementia with hallucinations was very favorably influenzed by Trional. The same writer reports thirty-three cases of insomnia, physical disturbances in the insane. These were primary or secondary, or were accompanied by moderate delirum or motor restlessness. Doses of one to two grammes of Trional promptly induced a sleep of six to ten hours. The full report of the cases referred to was published in the *Berl. Klin. Woch.*, No. 42, 1892.

A Case of Literary Forgetfulness.

Doctor, look in your "Condensed Materia Medicas," your "Therapeutic Handbooks," your Visiting Lists, your proprietary advertising memorandum books and diaries, and see a most excellent "Aid in Memorizing Doses." This was originally prepared by Dr. Geo. A. Wiggins for The Medical World, in which it was first published, in the year 1887. It then went the rounds of the journals, with proper credit. Now it is again starting on its rounds, but without credit, being copied from the above-mentioned pocket books. As it is an original and a useful example of classification and condensation, Dr. Wiggins should have the credit for it, as long as it is considered valuable enough to publish.

For Gonorrheal Ophthalmia.

According to Dr.'s X. C. Scott and A. R. Baker, of Cleveland, in the *Columbus Medical Journal*, the deodorized tincture of opium (containing five grains each of boric acid and sulphate of hydrastine to the ounce), dropped in the eye, will promptly cure purulent or gonorrheal ophthalmia.

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Antidote to Alcohol.

To revive a "dead drunk," give two granules of aconitine, and one every five minutes thereafter, until the desired effect is produced. Watch the patient carefully, and do not give more than five granules, one five-hundredth grain each. If granules are not at hand, try aconite in any other form, which, however, will not be so prompt in its effect.

Treatment of Boils.

Apply collodion over the hardened, thickened part, leaving the centre uncovered. Touch the suppurating points with pure nitric acid, keeping the centre moist. There is a prompt discharge of pus, and rapid recovery.—*Homœopathic News.*

Foreign Bodies in the Larynx and Stomach.

Dr. W. T. Kendall, of Meriden, Miss., recommends feeding freely with slippery elm or gum arabic mucilage, as a remedy for foreign bodies in the larynx or stomach, citing several cases where this treatment proved successful. Purgatives should never be given.

We are pleased to announce, and every true lover of his profession will be glad to learn, that Prof. Roberts Bartholow, that great worker in the domain of therapeutic science, has recovered from his recent affliction, and is now actively engaged in his professional work. We hope that the profession may yet be favored with much original work from his active mind.

Formulas.

For Nasal and Pharyngeal Catarrh.

An excellent local application to the nose and pharynx is the following:

R. Eucalyptol (Sander's).
Menthol.
Camphor.....aa gr. x

Mix and add:

Petrolatum..... oz. ij

M. S.—Apply on cotton applicator.

Three Formulæ for Skin Affections.

Dr. E Lanz (*La Semaine Medicale*, No. 9, 1893), recommends these formulæ in cutaneous diseases:

1. Acne:

R. White precipitate.....gms. 2 to 5
(grs. xxx to drams j¼.)
Oxide of zinc, Sublimed Sulphur, } aa gms. 10
(drams ijss).
Benzoated lard, Vaselin, } aa gms. 25
(drams vj).
Balsam of Peru.....gms. 2
(minim xxx).

2. Chloasmata and Pigment Spots:

R. White precipitate, Sub. of bismuth, } aa gms. 2 to 5
(grs. xxx to dram j¼).
Benzoated lard..... gms. 80
(ounces j).
Lanoline.....gms. 20
(drams v).

3. Itch and Prurigo:

R. Naphthol *B.*, Sublimed sulphur, Prepared chalk, Black soap, } aa gms. 20
(drams v).
Benzoated lard..... gms. 60
(ounces ij).
Lanoline.....gms. 40
(ounces jss).
Balsam of Peru.....gms. 5
(drams j¼).

—*Lancet Clinic.*

Incontenence Mixture.

Dr. J. Blake White recommends:

Sodii benzoatis, Sodii salicylatis, } aa grs. xx
Ext. belladonnæ fl .....gtts. ij
Aquæ cinnamoni ..... fl. ounces iv

M. Sig.—Teaspoonful four or five times daily, for incontinence of urine in children.—*Lancet Clinic.*

Boschee's German Syrup.

Boschee's German Syrup is said to have the following formula:

	Parts.
Oil of tar	1
Fluid ext. ipecac	4
Fluid ext. wild cherry	6
Tinct. opium	4
Magnesium carbonate	2
White sugar	80
Distilled water	48

Triturate the oil of tar with the magnesia; mix the fluid extracts and the water; add to the oil-of-tar trituration; filter, and add tinct. opium and sugar.

—*Bulletin of Pharmacy.*

Green's August Flower.

Prof. Virgil Coblentz gives the following formula:

R. Rhubarb.....360 grains.
Golden seal.....90 grains.
Cape aloes.....16 grains.
Peppermint lvs.....120 grains.
Potass. carbonate.....120 grains.
Capsicum.....5 grains.
Sugar.....½ pound.
Alcohol.....3 ounces.
Water.....10 ounces.

Macerate drugs in mixed alcohol and water; filter; add sufficient dilute alcohol through filter to make one pint; then dissolve the sugar.—*Bulletin of Pharmacy.*

Reviews.

International Clinics: A Quarterly of Clinical Lectures by Professors in the leading Medical Colleges of the United States, Great Britain, and Canada. Vol. No. IV, second series, 1893. Cloth, 12mo. 381 pages, illustrated. J. B. Lippincott Co., Philadelphia.

In looking over these very interesting reports, we are carried back to college days, and again hear the Professor as he familiarly discusses the cases before him. This form of Medical literature is both helpful and refreshing.

The Woman's Medical Journal.—We are in receipt of the first number of this Journal. The fair Editors enter the broad field of medical journalism holding out, not the proverbial olivebranch, but, what is more in keeping with the gentler sex, a *rose leaf*. We give them hearty greeting, and wish them abundant success.

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This volume contains fifty-one lectures, commencing with the Relation Between Renal Disease and Diseases of the Circulatory System, by Prof. James Tyson, and closing with one upon Coma Unguale, by Prof. Ohman-Dumesnil. The volume contains a general as well as a special index.

PROCEEDINGS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY, Vol. XIII, session of 1892. Lewis H. Adler, Jr., M.D., Editor. Cloth, 12mo. 527 pages, by the Society. T. B. Schneideman, Secretary, 1807 Chestnut St.

The papers read before, and the discussions held by this society, are always of interest, all of which for 1892 are admirably presented by the editor in the work before us.

A HANDBOOK FOR INVALID COOKING, for the use of nurses in training schools; nurses in private practice, and others who care for the sick, containing explanatory lessons on the properties and value of different kinds of food, and recipes for the making of various dishes, by Mary A. Boland, Instructor in cooking in the Johns Hopkins Hospital and training school for nurses etc. Cloth, 323 pages. The Century Co. New York, publishers.

A most valuable, and evidently carefully written work and one that should be in every household, as well as in hospitals. The parts relating to physiology and the feeding of infants were written under the supervision of two of the staff in Johns Hopkins Hospital. The book should have a large sale.

For Ourselves and Others.

EDITOR MEDICAL WORLD:—I am delighted with the binders. H. C. BENNETT, M.D.
Lima, Ohio.

EDITOR MEDICAL WORLD:—I have been taking this journal but a few months, but have discarded one of the largest weekly journals in the East for it.
Robbins, Tenn. B. G. ALLEN, M.D.

SEE the generous reduction in the price of cases filled with Dosimetric Granules offered by the Philadelphia Dosimetric Co., No. 10 South Eighteenth Street, Philadelphia, Pa. Try their Rheumatism. Granules.

SALITONIA has been meeting with unqualified success in the treatment of gastric derangements and all those affection due to acidity of the system. This success has been attested to by the phenomenal growth of its sales. The doctor who does not prescribe Salitonia is a back number. As Bill Nye says, "Don't be a clam."

MCARTHUR'S COMPOUND SYRUP OF THE HYPOPHOSPHITES is a pure, stable, reliable, powerful article. It has real merit.

AMID all the business competition and "push and drive" of this restless, money getting age, with its spirit of save-who-can, it is refreshing to find such an instance of generous consideration as that of the Western Leather M'f'g Co., who have notified their employees that on one Saturday of each month during the World's Fair, they will be given a holiday with full pay in order that they may have time and means to attend the Fair—which amounts therefore to a whole week for each employee.—*The Living Church.*

LEAD POISONING is characterized by such an abundance of lead sulphate in the skin that black tracings will appear on the latter if penciled with ammonium sulphide solution.—*Meyer Bro.'s Druggist.*

We have had great satisfaction in purchasing woven goods, supporters etc., of Flavell & Bro., 1005 Spring Garden St., Phila., Pa. They commenced in a very moderate way and, by strict fidelity and honest goods, have worked their way up to a large trade.

WE see Terraline highly recommended for Capillary Bronchitis, Phthisis Pulmonalis, Chronic Bronchial Catarrh, and as a general reconstructive. It may be taken by patients with weak stomach. Address the Terraline Co., Washington, D. C.

ALUMNOL is a new antiseptic and healing agent, with aluminium as a basis It has the advantage that its action is not confined to the surface, but penetrates into the deeper tissues. Schulze-Berge & Koechl, Sole Licensees for U. S., 79 Murray Streeet New York.

H. K. MULFORD & Co., 2132 Market St., Phila., Pa., offer a fine pocket case at a very low rate.

LAMBERT'S Listerinae is an old standard prepartion.

WRITE to the P. J. Noyes M'f'g Co., Lancaster N. H., for a complete price-list of their pills, tablets etc.

PLATT'S CHLORIDES are very useful for disinfection.

WE have used Freligh's Tablets with advantage in affections of the respiratory tract.

W. R. WARNER & Co., 1228 Market St., Phila., make a standard line of pharmaceutical goods.

BARTHOLOW says that senna "is highly prized" by many patients as a remedy for habitual constipation. He also states that it does not cause inflammation or hypercatharsis and its purgative action is not followed by intestinal torpor and constipation. He further adds that "it is a very safe and serviceable cathartic.

GLYCOZONE is a most excellent agent to restore inflamed tissues and membranes. Address the Drevet M'f'g Co., 28 Prince St., New York.

A BOSTON editor has a five-year-old boy, who said the other day at the table: "Papa, I wish you were a bake-shop man." "Why, son?" "Because then you could bring home cakes and things, and we could go in and get cookies when we wanted to. Or, if you were a meatman, or a groceryman, or a carpenter and made nice things, or a blacksmith-shop man—that would be awful fine. Say, papa, is it any good what you do?"—*The Times and Register.*

CHRONIC NASAL CATARRH.

℞ Creasote (Beech Bark) .....2½ minims
Glycerine Conc.....½ drachm
Kennedy's Ext. Pinus Can. (dark)...½ drachm

M. Cleanse both the nostrils out thoroughly with warm rain water and pure sweet milk, equal parts, with a small quantity of table salt dissolved therein. After which apply to the inside of the nostril the above mixture, requesting the patient to snuffle sufficiently strong to give him a creasotic taste to the mouth.

COLLEGE marks, college honors, college degrees, college courses—all these things belong, with the college cap and gown and wreath of laurel-berries, to the babyhood of culture. They are part of our inheritance from the past, from the time when scholarship was not manhood, when the life of the student had no relation to the life of the world.—*President Jordon of Leland Stanford University.*

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Send the liberal sample of the Forbes Diastase Co. Cincinnati, Ohio.

The baby will smile and thank you if you use Fehr's Compound Talcum Baby Powder for it.

Dr. Charles L. Mitchell, 1016 Cherry St, Philadelphia, Pa., has made a scientific success of the treatment of mucous inflammations with gelatine local applications.

See the Umbilical Truss made by the Empire M'f'g Co., Lockport, New York.

Have you tried B. Keith & Co.'s Avena Sativa for the morphine habit? Try it.

Antipuralgos, made by the Kathar Mon Chemical Co., St. Louis, is a compound antipyretic of great efficacy.

Dr. W. C. Abbott, Ravenswood, Chicago, Ill., deals in a very fine line of granules. Send for his pricelist.

Antilupic is one of the best of the compound coal-tar derivatives. Address the Norwich Pharmacal Co., Norwich, N. Y.

Send to H. Weinhagen, 22 and 24 North William St., New York, for fine thermometers and batteries.

For biliousness and allied affections use Chionia, made by the Peacock Chemical Co., St. Louis.

Hayden's Viburnum Compound was the first of those preparations as a uterine and ovarian sedative.

Fellows' Compound Syrup of the Hypophosphites is a standard article.

Phytoline is an effective treatment for obesity.

Horsford's Acid Phosphate is a fine preparation for indigestion.

Send to Malted Milk Co., Racine, Wis., for sample of a fine product.

Cocillana is winning golden opinions among the profession.

For Hydroleine address C. N. Crittenton, 115 Fulton St., New York.

For Natural Uterine Supporters address Dr. McIntosh, N. U. Supporter Co., 141 and 143 Wabash Ave., Chicago, Ill.

For fine pills address the Upjohn Pill and Granule Co., Kalamazoo, Mich.

If you want to try a fine tissue builder, address the Diamond Laboratory Co., Naugatuck, Conn., for a sample of their Marshmallow Cream.

Sanmetto has won a high place for treatment of bladder and prostatic troubles.

For obstinate dyspepsia use Frye's Pancreo-Bismuth with Pepsin. Sample free. George C. Frye, Chemist, Portland, Maine.

Use Tarrant's Hoff's Malt.

The Hollow Suppositories of Hall & Ruckel, 218 Greenwich St., New York, are the ideal method of administering remedies. Samples free.

Fred. W. Stewart, Oswego, N. Y., makes a first-class pile ointment.

For Sargents Thymoline Soap (sample free) write to Hall & Ruckel, 216 to 220 Greenwich St., New York.

I. Phillips, 14 Marietta St., Atlanta Ga., deals in fine surgical instruments on generous terms.

For Ford's Essence of Pepsin and other pepsin preparations send to the N. Y. & Chicago Chemical Co., New York.

For Pain in Ladies and Children,

℞ Antikamnia.....dram ss—Gram ii
Elix. Simplex.....Ounce i
M. Sig.—Two teaspoonfuls every four to six hours.

West Pownal, Maine, June 28, 1892.

T. C. Morgan Co.: Gentleman—I have tested your Liquid Hypophosphites and Quincoca and was highly pleased with them, as was my patient. Such eligible preparations should be obtainable in all large cities. The Quincoca is an especially good tonic for the aged and feeble.

Yours truly,
J. H. Cushman, M.D.

Kraft's Elixir of Life—We notice that a Dr. Kraft was recently arrested in New York for selling an "elixir of life." In the trial it was brought out that he assured one of his patients that "two of your lungs are entirely destroyed, but the remaining two can be saved by the free use of the elixir." The doctor examined the chest with an instrument of his own invention. This proved to be a "five-cent tin trumpet." And yet we are told that the weeping wife exclaimed, "Why have they arrested him? We were making so much money, doing so well, and the elixir won't hurt anybody!"

For your pepsin send to Armour & Co., Chicago.

Fine Office furniture—tables, cabinet etc. Made by W. D. Allison Co., Indianopolis, Ind.

The Hastings Truss Co., 224 S. Ninth St., Phila., Pa., manufacture a fine line of trusses, woven goods etc.

For your spring suit send to E. O. Thompson, 1338 Chestnut St., Phila., Pa.

Have you tried Micajah & Co.'s Uterine Wafers? Samples free by mentioning this journal. Micajah & Co., Warren, Pa.

She Paid Her Bill.—In an out-door department of one of the London Hospitals a very unusual case occured. It was unusual in this way, at least: the doctor was able to collect his fee on the spot, at the very moment of the completion of his operation, and from a charity patient too! A woman was attending for "stricture of the rectum." She informed the surgeon that about two weeks before she had swallowed a sovereign and a half while "on a lark." The surgeon examined the rectum and removed three sovereigns from the stricture with his forceps at one grip.—*Nat. Med. Review.*

A Druggist's Wail.

Ah, well-a-day! and woe is me!
Sing willow, willow mornfully,
And in the graveyard bury me!

I am a simple druggist's clerk;
My cheek is pale, mine eye is dark;
And all day long, and to and fro,
The maidens walk in lengthened row,
And watch me through the window pane,
They call me "sweet!" then come again,
And "sweet, so sweet!" they softly sigh.
So quickly all my days go by
And life were fair and silken fine,

(*Continued on next leaf.*)

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THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D., J. J. TAYLOR, M. D., } EDITORS.

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1520 Chestnut Street,

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Vol. XI. MAY, 1893. No. 5.

A Death Blow to Quackery.

WE commend to our readers especially the article by Dr. H. J. Whitney, of Davenport, Oregon, in another department, exposing the methods and the ignorance of a set of advertising sharks that infest the northern Pacific states. This ought to put an end to such business, and will do so if the people have not gone entirely crazy in regard to what should constitute a trust-worthy medical adviser. We suggest that this would make a good campaign document for use among the people to show the qualifications and the honesty of the average advertising doctor. Pass them around. The people cannot afford to be deceived, humbugged, and swindled in matters relating to the care of their health and the preservation of their lives. The occasional honest errors of scientific physicians, conscientiously devoted to the skillful practice and the improvement of the profession, tend finally to their own correction and to the ultimate advancement of the science; but the impossible, brazen and impudent claims of dishonest and self-seeking quacks, produce only evil to humanity.

The Supreme Importance of Elimination.

THE most of the papers in this number are devoted to a consideration of the diseased condition generally spoken of as rheumatism. It is a subject so broad in its many phases that there must still be many important points in connection with it left entirely untouched.

It is very appropriate, however, while we have the subject of rheumatism under consideration, to speak particularly of the importance of constant and free elimination of the products of the physiological processes from the system, as it may truly be said that there could be no rheumatism if there were always perfect elimination of these products as they are formed.

Almost every physician recognizes the necessity of keeping what are called the emunctories in good working order, and at once sets about correcting any irregularities he finds in them at the beginning of treatment, in addition to whatever specific treatment he may direct to the special diseased condition he finds. He may administer a laxative, a diuretic, a diaphoretic and massage and baths to stimulate cellular activity and thus throw the waste products into the channels of the circulation to be carried to the various excretory organs. But we think that there is one important matter too often over-looked. If we were asked to name the various organs of excretion we should mention the usual ones, the intestines, kidneys, lungs, skin, etc., and the *soles of the feet*, and we should consider the last as being of equal importance to the others. Did you ever think how much effete material can be carried off through the soles of the feet if they have a proper chance, that is being incased in a dry, absorbent fabric, and as soon as that is saturated with the excre-

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tions the feet well washed and new covering put on? They usually do not receive such good treatment as this, as all doctors who have observed the habits of their patients can testify. If asked how many pairs of hose a person should use in a given time our reply would be that it all depends on the constitution and habits of the person; one person, having but slight elimination, can wear a pair two days while some others should change twice a day and their health would be the better for it. All that the soles of the feet can be made to do will to that extent relieve some important internal organ, chiefly the kidneys and lungs. We believe that a person will preserve his organic integrity and consequently his resistance to disease many years longer by keeping the soles of his feet in prime condition than he will by giving them only occasional attention. An old colored man, noted for his splendid health and vigor, once told the writer that about the only medicine he ever had to take was to wash his feet at night and toast them about two hours before a hot fire. We know from experience that this treatment will very often break up an acute cold or other congestive ailment.

What is said here of that particular and peculiar portion of the skin covering the soles of the feet may be said in a modified form of the skin covering the entire body; it should at all times be clean and covered with clean, dry absorbing material. A gentleman, fifty-three years of age, active and successful in business, once told the writer that at twenty-two years of age he was doomed to an early death from consumption; that he then commenced giving his entire body a hearty dry rubbing with a coarse towel upon arising each morning, independent of his usual bathing. By that means he preserved a splendid health and physical and intellectual activity. We are well aware that these are homely remarks upon a homely subject, but we hope that they will be no less useful on that account.

Section of General Medicine of the Pan-American Medical Congress.

This unique assemblage promises to be one of the most important events that has occurred in the history of medicine in the Americas. Its success is assured by the large number of valuable papers already promised. The Section on General Medicine, which is one of the most important that has been created, bids fair to be one of the most successful in the entire Congress; and already many valuable contributions are in process of preparation, and will be read at the meeting in September. It is hoped, with the hearty co-operation of all the physicians living not only in North but also in South and Central America, that the work in this Section will be memorable; and each physician living on this continent is requested to join this most important Section, and to prepare a contribution to be read before that body. It is especially requested that those intending to join this Section or to read papers shall at once send their names, with titles of papers, to the secretary, Dr. Judson Daland, No. 319 South Eighteenth Street, Philadelphia, Pa., so that they may be noted on the calendar and given their appropriate places.

Rectal Irritation for Drug Narcosis and Asphyxia.

Dr. J. A. Taylor, of Gridley, Ill., reports marked success, in the pages of *The Medical Summary*, in restoring to consciousness persons poisoned with opium or morphine. The method he employs is the injection into the rectum of one-half to one ounce of the tincture of capsicum. The result is said to be entirely satisfactory. As the Doctor states, the method was published in *The Medical and Surgical Reporter* some years ago by Dr. Hiram Corson, of Norristown, Pa.

The followers of "orificial surgery" restore patients from opium or chloroform narcosis by forcibly dilating the sphincter ani. We suggest that these methods might be useful in drowning and other forms of asphyxia.

Veratrum and Aconite for Diphtheria.

Dr. Tinkler, of New Philadelphia, O., writes in the *Eclectic Medical Journal* that he obtains uniformly good results in the treatment of this disease by giving the tincture of aconite and veratrum viride, in alternating doses, one-half hour apart.

Let it be known by all men that the quack, Radam, of "Microbe Killer" fame, lost his suit with Dr. Eccles, of the *Druggists' Circular*, who exposed the composition of the nostrum. The court awarded Dr. Eccles $6000 damages against Radam, who used the epithets of "quack and charlatan."

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Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only* The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Rheumatism.—Inter-marriage.—Replies.

Editor MEDICAL WORLD:—In regard to the treatment of acute rheumatic fever, there is little ground for divergence of views. The salicylic acid preparations lead the list of remedies, with no second in sight. The salicylate of soda is usually preferred. I generally prepare it extemporaneously, by stirring one to two drams of the salicylic acid in a glass of water and adding bicarbonate of soda until neutralized. This is the dose for twenty-four hours, and it is very rare for an attack to resist two days of such treatment. But salicylic acid is not a drug to be given rashly. In addition to the deafness caused by full doses, toxic symptoms may follow the administration of even moderate doses. Hare has collected ninety instances in which dangerous symptoms and even death followed the ingestion of this drug. The smallest dose given was fifteen grains. It is probable that most, if not all, these accidents were due to the use of the impure acid, which contains a dangerous poison, causing gastric disturbance and depression of the heart. Nowadays, I always specify the salicylic acid I have found to be purest, and insist on getting it. It is perfectly white, without a tinge of pink.

But these cases are easy. The difficulty lies with the sub-acute forms, where there is little or no fever. Here the salicylates are less useful, relieving the symptoms, it is true, but unable to effect a cure, as the pain returns as soon as the drug is discontinued. In three cases this spring I have finally succeeded with the iodide of strontium. The potassium iodide has long been prized by me in chronic cases, when the disease lingers in a single joint, after all acute symptoms have ceased. But the strontium salt is distinctly superior, both in relieving speedily and in the permanency of its effects.

I want to enter my protest against the misuse of the term rheumatism. This signifies a disease of the joints, attacking them successively, with signs of local inflammation, pain, tenderness, swelling, fever, sweating and acidity of the urine. But commonly, rheumatism is made to include myalgia, neuralgia, spinal and various other forms of pain, with which it has no connection. There is no such thing as "muscular rheumatism."

Dr. Wark (page 116) recommends wood tar for membranous enteritis. Tar is no better than carbolic acid, and both are too irritant for use in quantities sufficient to render the intestines aseptic. Why not use the keratin coated pills of zinc sulphocarbolate, and the latter remedy also by enema? You will not then have to wait a week for improvement. I am now having the zinc salt put up in pills coated with salol, which is also insoluble in the gastric juice.

Dr. Winchester's case (page 123) proves nothing whatever, as to the inter-marriage of cousins. There is nothing to show that that had anything to do with the miscarriage or monstrosities. *If* the related branches of the family were given to having miscarriages or monstrosities, the inter-marriage would increase the chances of such occurrences. I have known a couple that were not related at all, who had seventeen miscarriages. Conclusive evidence would be that such occurrences were more frequent with cousins' marriages than with others; but no investigation that has yet been made has shown this to be the case? The same remark applies to Dr. James McCoy's case (page 123). Why should he infer that the consanguinity was the cause of the defects in the calves? Thousands upon thousands of instances could be quoted where in-breeding has not been followed by anything of the sort. On the contrary, breeders are so anxious to avoid crosses that the islands of Jersey and Guernsey will not allow a cow or bull to be landed even from the other island. Nevertheless, there is this to be said as to *continued* in-breeding: While desirable peculiarities are thereby pepetuated, others that are less desirable are also accentuated, and thereby may grow in time to be serious defects. This applies to continued in-breeding, which has its limits. In the Swiss valleys, goiter and cretinism have been charged to inter-marriage; but it is now universally acknowledged to be due to local unhygienic conditions. So true is this that young children brought to these valleys from healthy localities become cretinoid. And yet, the existence of this affection is one of the causes of the baseless prejudice against the inter-marriage of relatives. I think the same remark will apply to Dr. Johnson's observations

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in Norway, where we have several causes of idiocy in operation besides inter-marriage. Dr. McAllister may well rest easy. There is no reason whatever for him to dread any trouble to his children that any others are not equally liable to present. I am sorry I cannot here give instances in which bad traits have been handed down through many generations, without any inter-marriage. I gave one, in that of mad Paul of Russia. The bad temper of old Boston's descendants is another. I know a family where father and mother were first cousins. All the children were normal. One son married his first cousin, and all *his* children are normal. They are fine business men, and the idea of degeneracy would be scouted by all who know them. On the other hand, two relations of a family strongly prone to chorea married, and the result has been disastrous.

Dr. McCormick's case (page 13) looks like one of vicarious menstruation. I would give emmenagogues in full doses, a day or two before the time for the menses.

Alpha has a case of follicular pharyngitis. Curette the tonsils well, and apply Dixon's painless caustic.

Dr. Parramore's case is one of deficient ossification, apparently. Let the tumor alone and give the mother full doses of calcium lactophosphate, and abundance of good food.

Dr. Detwiler's case is urticaria or erythema nodosum. Try colchicum or piperazine.

Angina pectoris need not be fatal. The uterine disease in Dr. Reed's case (page 132) should be cured, and the patient given strychnine arseniate or iodide of potassium, persistently; the former if neuralgic or anemic, the latter if rheumatic.

Dr. Hestin's first case (page 133) is neuralgic. Give arseniate of strychnine in the intervals and phenocol for the paroxysms. The second case is gastric ulcer, with acute paroxysms—not uncommmon. Give cundurango a trial.

I do not believe the parotid tumor has anything to do with "Paralysis'" case (page 133). If it had, the symptoms should have developed long since, and if he has carried the tumor about for forty years, let him keep it.

The spasms in Dr. Culler's case (page 134) were probably due to the bursting of miliary aneurisms, as paralysis seems to have followed. There was no necessary connection with the sore hand, though embolism may have resulted from it. The diagnosis of malignant pustule seems correct.

Morning diarrhea (page 134) is usually due to rectal ulcer. Look for it. There are no elements given in Dr. Thompson's case (page 135) from which a diagnosis could be made.

I trust all the numerous WORLD family are getting ready for the cholera by seeing to the hygiene of their neighborhoods. What a grand thing it would be for the country if each one made his own district *safe* by compelling or coaxing his neighbors to clean up their premises.

I again avail myself of your pages to reply to letters that come to me in too great numbers for personal attention, in regard to the opium habit. It is not necessary for a physician to take every case offered, nor is it wise. He should consider first whether treatment is advisable; whether the circumstances are such as offer a reasonable prospect of benefit accruing. If not, decline the responsibility rather than incur the risk of failure. This, in regard to narcotic cases. Many of them *think* they want to be cured, but they don't. They try to quiet their consciences with the idea that some day they will stop; and they will "try something," or take anything; and whenever the pinch comes they go gaily back to their morphine and excuse themselves by blaming the doctor. I have made it my invariable rule to refuse all such cases, unless they show a genuine desire to be cured, and want this enough to be willing to leave home and give up all to this object for six weeks. They can then return to their work, really *cured*; not having substituted one narcotic for another. But unless they will do this, my advice to my brother physicians is: don't touch them.

WILLIAM F. WAUGH, M.D.
1725 Arch St., Phila.

Rheumatism.

Editor MEDICAL WORLD:—A shifting inflammation (attended with active fever) which attacks fibrous structures in various parts of the body, and most commonly those of the joints.

Acute rheumatism sets in usually with rigors and feverishness, followed in a day or two by swelling of the joints destined to be affected. The pulse varies, sometimes it does not go over 100, then, in other cases, it runs up to 120 or more. Ordinarily the temperature during an attack of rheumatism is not above 102° F., but in some cases it goes as high as 110° F., with furious delirium; the tongue is loaded with thick white fur, and the body is bathed in a peculiar acid perspiration of an odor which, when once noticed, is always remembered. The urine is scanty and high colored, and contains quantities of uric acid. The large joints are generally the earliest to be affected, and the disease often wanders from ankles and knees to elbows and wrists, the swelling readily subsiding in one set as another is attacked. A joint afflicted with rheumatism is reddish, swollen, very tender, and very hot; and a joint presenting all these

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symptoms urgently one day may, on the next, or day after, be almost free from the symptoms. The disease lasts from ten to thirty days (seldom more than fifteen). Inflammation of the pericardium occurs in a large percentage of cases, and is manifested by tightening and slight pain in the chest, often so slight as to be overlooked. Friction sound becomes audible at the base usually, but often over the whole area of the heart's dullness. As effusion takes place, this natural area of dullness is increased, and the sounds of the heart muffled by the intervening fluid when the disease affects the lining membrane of the heart (endocarditis).

The murmurs are caused at the base or apex, according as they are aortic or mitral in origin. They are usually systolic, occasionally, however, a basic diastolic murmur is heard. When the heart substance is attacked (carditis), great irregularity of action takes place, with syncope and often fatal collapse. Often acute rheumatism is complicated with bronchitis, pleurisy, pneumonia or inflammation of the brain and its membranes.

Its nature is not as yet satisfactorily settled by pathologists. The lactic acid is the oldest and has many followers, notwithstanding that it has been proved that the existence of lactic acid in the blood is a result of the disease, not the cause. Then comes the uric acid, miasmatic, and microbe with their many adherents. Dr. Harkins, in the *Provincial Medical Journal* for 1889, (pp. 18, 78), claims that the exciting cause is a chill, which produces its effects through the agency of the nervous system. He further holds that the primary lesion of acute rheumatism is a specific form of endocarditis, and from this as a starting point, all the various other developments and complications of the malady spring. Acting upon this belief he applies a blister, four inches long by three broad, over the cardiac region. The blistered surface is then dressed with cotton wool. Occasionally, if the patient be plethoric, he applies leeches to the pericardial region, or cups to the back, below the lower angle of the scapula and the spinal column. He rarely prescribes any medicine, but in long cases employs opium, alkalies or salicin and its adjuvants. Dr. Harkin gives notes of cases treated in this manner in which recovery was rapid and complete.

Dr. Leonard Weber, in *N. Y. Medical Record*, 1889, (pp. 239), claims that it is nearly proved that acute rheumatism is not due to the chilling of the heated surfaces of the body, that rheumatism belongs to the group of miasmatic-infectious diseases, and appears in an epidemic form at times, and, lastly, that it is apt to appear in certain houses owing to the infiltration of the subject soil with the specific virus.

Dr. B. N. Dalton, *Brit. Med. Journal*, 1890, I, (p. 472), advances an opinion that rheumatic fever may be caused by exposure to the effluvia of drains and brings forward arguments in support of the bacterial origin. He considers the cases in which rheumatism occurs in association with scarlatina and tonsillitis as examples of mixed infection, the two poisons being absorbed at the same time. He, moreover, suggests that the rheumatism follows tonsillitis because the virus of the latter has a shorter period of incubation.

Dr. Robert Bell, *Lancet*, 1890, II, p. 16, attaches great importance to habitual constipation as a factor in the causation of acute rheumatism, and holds that the disease is far less likely to occur in those whose bowels are in perfect order. He is inclined to think that rheumatism is often due to a vitiated condition of the blood, arising from fecal absorption; but that the specific microbe may enter the system by other channels, the vitiated blood supplying a suitable nidus.

During my twenty years in practice, I have treated a large number of persons suffering from rheumatism, and find, after trying the many remedies, the following treatment best:

When I am called to a typical case of acute rheumatism, I start in on:

℞ Sodii salicylatus.....gr. xv-xx
Elix. (calisayæ).....dram i
Syrup.....ounce i
M. Sig.—Once every three hours.

This preparation causes the amelioration of the symptoms in forty-eight hours; but in hyperpyrexia it does not have nearly so good effect as:

℞ Phenacetine.....gr. xv
Sig.—Three times daily.

The hyperpyrexia frequently requires cold water applications and, when advisable, I resort to the cold pack, wrapping my patient up well in blankets. I keep my patient's bowels open with some saline purgative. I enjoin perfect rest between blankets in preference to sheets, wrapping the part or parts affected in cotton wool and oiled silk, and lay stress that under no circumstances must they sit upright in bed or leave it for any purpose without my consent.

The diet should be at first low—slops and arrowroot, beef tea. *Some physicians recommend milk.* In no malady, as I can conceive, is milk more abused than in acute rheumatism. It is very often the chief, sometimes the only aliment employed during the whole course of the disease. Besides the objection inherent in its mere bulk, certain theoretical considerations of its nature should have considerable weight in deciding the question of use. The very obvious objection that milk furnishes *lactic acid* as a product of fermentation should not be ignored. By the introduction of lactic acid a form of

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endocarditis not distinguishable from the rheumatic is set up, and of those diabetics treated by lactic acid a considerable portion suffer from an attack of acute rheumatism. It is difficult, of course, to determine this point with certainty, but I have reasons to believe that patients with rheumatic fever do not get well so quickly, and are apt to have relapses when they consume much milk during the course of the disease. Light puddings, vegetables and fish allowed. Mutton, poultry and beef not to be allowed until patient is convalescent. Malt liquors, port wine and sugar to be avoided.

J. J. S. DOHERTY, M.D.
9 Sylvan Ave., New Haven, Conn.

Rheumatism.

Editor MEDICAL WORLD:—Definition: A specific febrile disorder, due to a morbid state of the system by constitutional development, and expressed by inflammation of a peculiar non-suppurative kind in the fibrous tissues about the joints, especially in the white fibrous tissues, such, for instance, as the sheaths of the muscles and muscular fibres, tendons, aponeuroses, bursæ, capsules, ligaments, periosteum and pericardium. Many joints may be affected at the same time or in succession. The various local phenomena of the disease have a tendency to shift from parts to parts remote from each other; and the febrile state is accompanied by profuse acid exudations from the skin, by the separation, in some cases, of large quantities of uric and sulphuric acid through the kidneys, and by a highly fibrinous condition of the blood.

Acute Rheumatism.—This form generally has its seat in the synovial membranes of one or several joints. By some peculiar nutritive disturbance, the joints become inflamed and yield a scanty exudation, which contains but a small quantity of fibrine or pus-globules. An inflammatory edema of the surrounding cellular tissue rapidly takes place. In some rare cases, the exudation may contain both fibrin and pus-globules, especially where the inflammation runs high, and in young and vigorous subjects. Post-mortem examination reveals ecchymosed spots in the synovial capsule, which is filled with a purulent exudate; even the ends of the bones may be infiltrated by bloody extravasations. The heart and large vessels contain much fibrin; and there are often structural changes in the heart itself.

Predisposition.—Old age and childhood are more liable to this disease than middle age, and those who have once been attacked by this disease are more prone to it than those who have not had it. Robust persons seem more liable to be attacked by rheumatism than the feeble and debilitated. It prevails in all latitudes, but more in the temperate than in the torrid or polar zones, and oftener in winter and spring than in summer and autumn.

Symptoms.—The disease may be preceded by a chill or chilly sensation, or it may come on gradually. Very soon the fever rises, with severe pain and swelling in one or several joints, which become very red. The swelling may be confined to the part first attacked, or it may spread from joint to joint, enveloping the spine and sympysis pubis, and sometimes even the joints of the toes and fingers. The pain is so excruciating as to compel the patient to keep in motion, which often aggravates the pain. The fever is often very high, and the temperature ranging between 104° and 104.9°, although it may not run higher than 100°, and the pulse not be over 90 to 100 beats in a minute. Occasionally there may be free perspiration without any reduction of the inflammation. The urine is scanty, and loaded with urates and uric acid.

About twenty per cent. of the cases of rheumatism of the purely acute type are complicated with endocarditis, and about fourteen per cent. are complicated with pericarditis. Complication with myocarditis is not so frequent, but occasionally it occurs. So, also, with pleuritis, pneumonia, meningitis, or even cerebro-spinal meningitis. Its course is not regular, passing off sometimes in from ten to twelve days, or continuing several weeks, and finally terminating in the chronic form. Rheumatism seldom ends in death, unless it be complicated with disease of the heart, lungs, or meninges of the brain. It is liable to return and produce disease of the valves of the heart, which may finally prove fatal.

Chronic Rheumatism.—This form rarely occurs, unless it has been preceded by the acute or sub-acute form. Post-mortem examination reveals a thickened condition of the synovial capsules and ligaments, and sometimes the cartilages of the bones are spongy, and the synovial fluid turbid. Occasionally single joints become very painful from motion and show paroxysms of aggravation, chiefly at night, or in damp, cold weather. In sub-acute attacks there is more or less swelling, but not much, if any, general fever. Sometimes the sub-acute or chronic form of rheumatism may be complicated with muscular rheumatism, and also with certain forms of paralytic and neuralgic affections, which are usually called rheumatism or neuralgic rheumatism. Muscular rheumatism receives its name according to the locality. The principal form is cephalagia rheumatica, which attacks the frontal, occipital or temporal muscle, periosteum of the skull or the aponeurosis.

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That form of rheumatism known as torticollis ("stiff neck," or "crick of the neck,") has its seat in the cervical muscles, rendering any movement of the head very difficult and painful, and frequently drawing the neck to one side. This position may become a permanent one if the muscles should contract. Pleurodynia rheumatica is myalgia of the breast and intercostal spaces, and principally attacks the pectoralis major and intercostal muscles. When it attacks the pectoralis major it hinders the motions of the arms, and when it attacks the intercostal muscles it impedes respiration and simulates pleuritis, for which it is oftimes mistaken. Omodynia rheumatica, or myalgia scapularis, is rheumatism of the muscles of the shoulders and back, and causes great pain in moving the back or the trunk in any direction. Lumbago rheumatica, myalgia lumbalis ("kink in the back"), attacks the lumbar muscles and the lumbo-dorsalis fascia. It frequently strikes the patient down as he attempts to stoop or lift some heavy weight, and is characterized by a lancinating, keen, darting pain in the lumbar regions or hip joint, and sometimes in some of the muscles about the pelvic region.

As to the treatment: It seldom, if ever, happens that the cure of rheumatism can be entrusted to any single remedy. The constitutional nature of the disease, as already indicated, points to various methods and combinations of treatment as most likely to lead to a successful issue. A successful issue in a case of rheumatism means that the attacks should be passed through without any permanent organic mischief being left behind. I have come to the conclusion expressed by Sir William Gull and Dr. Sutton: that drugs have little influence in shortening the disease; and many drugs have had the credit of warding off heart complications simply because the time for the occurrence of these lesions had passed before the medicine was given.

I shall lay down a plan of treatment which has been beneficial in my hands. I have careful analysis of a great many cases where bloodletting was practiced and I can say that on pathological grounds it is not justifiable.

When I am called to a case of rheumatism, I give the following prescription:

R. Calomel.....grains v
Pulv jalap.....scruple ij to drams j
Pulv zinjiberis.....grains iij to grains v
Misce. To be taken in a little milk. A daily evacuation of the bowels is then to be maintained by mild salines.

Where pain is great I give half a grain of opium.

As to liniments, I have no confidence in them. I usually apply compound tincture of iodine when there is great pain. As to electricity, I say it is the most prompt of all remedies I have had to do with.

As to rheumatic fever I treat it with the following:—R. Tincture of the perchloride of iron, in doses varying from fifteen minims to a drachm every four hours, with or without twenty to thirty minims of glycerine and spirits of chloro form.

To add to this list:—Alkalies, acids, salines, hot water, cold water, lemon juice, citric acid, chloral, belladonna, iodide of potassium, ergot, digitalis, aconite, guaiacum, emetics, sulphur, antimony, perchloride of iron, quinine, iodine, plaster of Paris bandages, galvanism, subcutaneous injection of carbolic acid, blisters, podoplyllum, cynara, propylamine, chloro-hydrate of trimethylamine, and last, but not least, salicin, salicylic acid and salicylate of soda. All these and many more remedies have been used in rheumatic fever. As to doses I will let any one be his own judge in that respect.

Chronic Rheumatism.—Definition: Chronic pains, stiffness and swelling of various joints.

The treatment in chronic rheumatism does not differ in its general details from that of acute rheumatism. Decoction of cinchona, preparations of guaiacum with alkalies and colchicum, are the best remedies after the action of calomel and jalap have removed accumulations, and improved intestinal secretion.

Ford, Ga. T. L. ARNOLD, M.D.

Rochelle Salts for Rheumatism.

Editor MEDICAL WORLD:—I have had the misfortune to have this disease fasten its unloving embrace upon me upon two occasions, in the form of articular rheumatism. The first time it, in fact, stayed with me a very long time—perhaps sixteen weeks. During the second severe invasion, I had the pleasure of a call from my friend, and quite noted chemist, who had for a long time been Professor of Chemistry at the Perdue Agricultural College of Indiana, since which time he has been employed by the U. S. Government as special experimental chemist.

At the time of his call upon me I was suffering extremely with very much swollen and very painful joints with a high temperature. In the course of our conversation he remarked that he believed that if I would take teaspoonful doses of Rochelle salts every two hours for one day, then every four hours for a second day, by that time I would be relieved of my rheumatism. I tried it, discarded my salicylic acid and guaiacum that I was using, but continued the use of quinine. My pain became less and less until, after twenty-four hours, I had no pain, nor did I have but little until I recovered. I am in the habit of using Rochelle salts in all cases of rheumatism. They have always been faithful in the performance of the duty required of them, pain has been quickly relieved without any

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opiates, and the patient, as a rule, makes a quick recovery with the tonic treatment with which I follow the use of the salts.

To further illustrate: February, 1893, Miss B., age 18, was sick with rheumatic fever, joints very painful and swollen. I first gave her quinine and opium, the pain only quiet while under the effects of opium. I also gave tinct. guaiacum and salicylic acid. This did not produce any good effect. Ordered Rochelle salts, and the next day the pain was gone and has not returned. With a tonic treatment, without opium, she has rapidly regained her usual health.

Mr. M. came under my care in February, 1893; had been taking remedies for some eight weeks, joints very painful and swollen, could not walk. Began the use of the salts and quinine sulph. Next day was easy of pains, and the next was walking about the house, which he has continued to do every day since, but with occasional light pains when the weather is unfavorable only. How the salts act I cannot say. Dr. Wiley considers it a chemical action upon the blood, which I believe to be the fact.

Woodstock, Ct. JOSEPH SPALDING, M.D.

Rheumatism Complicated with Malaria.

Editor MEDICAL WORLD:—In the April number, 1893, page 133, Dr. J. R. Heston asks for diagnosis and treatment of Mrs. E. M. If the Doctor will permit me, I'll suggest that the true diagnosis is rheumatism combined with a malarial poison that gives the periodicity in the attacks.

If he will assume for his patient a rheumatic diathesis, complicated with malaria, and treat his patient accordingly, he will be pleased with the results. I send him a formula:

R. Salicylate of soda .....dram v
Bro. potass.....drams iv
F. E. blk. cohosh, (P. D. & Co).....dram vj
F. E. polk root " " .....gtt. cl
Wine colchicum.....drams iiss
Aqua dist.....ounces ij
Syr. simplex, q. s.....for ounces iv
Mix. Sig.—Teaspoonful three or four times per day, during the intervals between attacks. During an attack, increase the dose.

R. Sulph quin.....drams ss
Pulvis doveri.....grs. x
Mix.—Divide in capsules v.
Sig.—One taken at intervals of four to six hours.

S. F. WILNER.

Raysville, Indian Territory.

Rheumatism.—Treatment by the Dosimetric Method.

Editor MEDICAL WORLD:—When the April issue of your most estimable journal came to me with the editorial notice that its May issue would be devoted to the discussion of rheumatism, I was in bed suffering from the malady myself, so I can, at best, be expected to speak "feelingly" upon the subject.

I have had several similar experiences in the last fifteen years, and, of course, have been subjected to various styles of treatment with results that tend to make me somewhat of a dissenter from those which have so long been held as orthodox.

Nothing further, it seems to me, is necessary to prove the uncertainty of treatment by the alkaline and salicylate methods than the great variety of ways and means brought forward with which to carry them out. It has been clearly shown by Dr. Buckley in an able article in the April number of *The Medical Summary*, an article which I should like much to see copied in this journal, that duration of disease and organic lesion are not favorably modified thereby, and I firmly believe that great and lasting harm is often done by the exhibition of remedies like the powerful alkalies, salol and salicylates, which markedly aggravate the anemia or rather sponemia already existing.

The cause of rheumatism is still a mooted question and the great mistake made is in trying to treat the casual theory to which one for the time may be converted instead of the patient and the symptoms present in his case. It is better to cure disease than to waste valuable time discussing vexed questions of pathological causation.

There is a rational and successful plan for the treatment of rheumatism, and it lies in reducing fever, when present, by means that will not deteriorate the blood, improving the quality of this wasted tissue that it may be able to overcome and cast out the "materies morbi," while at the same time we antagonize its action by some agent that will not frustrate our effort in the building up business.

The agents for the accomplishment of this we have in the defervescent alkaloids, the arseniates and colchicine. Fortunately all of these indications may be met at the same time and the remedies dropped out as they are no longer needed. In a typical adult case, with much pain and high fever, I would give a granule each of aconitine gr. 1-134, veratrine gr. 1-134 and digitaline gr. 1-67 together every half hour to dispel vascular tension and reduce the fever; with this I would give colchicine gr. 1-134 to act upon the "materies morbi" and stimulate elimination. After a little, if urine was not free, I would add two granules of benzoate of lithium gr. 1-6, and apply cold water to the painful parts, changed frequently.

After a few doses the tension of the circulation will be reduced, the pulse will be less rapid, and, as the flow is equalized, the pain will be much less. I would then give the same hourly until pains in the bowels and free stools indicated the full effect of the colchicine. By this time, the fever will be so reduced that the veratrine may be succeeded by strychnine arseni-

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ate, and our remedies given every two hours. When this point is reached, a teaspoonful of seidlitz salt will be needed daily to wash out the debris that will accumulate in the intestinal canal and must be carried away to prevent re-absorption. If the symptoms are urgent, it should be given from the first, and free catharsis induced as soon as possible. With this the first stage is aborted, the second stage cut short and deprived of the trials of indigestion and stomach irritation, and our patient will enter upon the third stage, or convalescence, without having reached the condition of spanemic malnutrition with which we are all so familiar under the old regimen.

In the third stage the arseniates of iron, quinine, and strychnine, play an important part, and colchicine, the most important of all, should be continued throughout and on for weeks and months thereafter. In the successful treatment of rheumatism especial attention should be paid to securing activity of all the glands which have to do with digestion and elimination, some of which will always be found at fault. My experience leads me to believe that on the whole animal food is best adapted to the rheumatic patient. While in the acute period, skimmed milk is my main reliance, eggs, fish, fresh steak, etc., can soon be added with advantage, while fruit and starches should be avoided.

During the active treatment, acids of all kinds must be tabooed, as they interfere with the full action of the colchicine upon which we so largely depend. Fresh water should be given in abundance, and in the later stages it may be acidulated with hydrochloric acid, if there is a craving for "something sour." On the whole, I believe our patient may eat almost anything that can be digested perfectly. A patient I now recall, lived a week after the subsidence of acute symptoms on boiled cabbage and vinegar, having no liking for anything else. This was an unusually severe case to which I was not called till several days had passed and the heart was palpitating fearfully, with every joint of the extremities involved, and temperature at 104. A good recovery was made in ten days, and I had the honor of being acknowledged the first one who had ever really helped him.

In my own case, mentioned at the beginning of this letter, both knees, both feet, one hip and one wrist were involved. The fever was aborted in two days, and in three more I was fully convalescent.

Now these are bare facts thrown out to induce the great army of intelligent men who read your valuable journal, to investigate the subject more fully. But few of us can devote ourselves to the curiosities of pathological research, wonderfully interesting as they may be. Our mission lies in contributing as best we can to the welfare of the everyday style of sick, and we want to know how to make our efforts most successful.

Much might be said in regard to the treatment of special rheumatism, but it would be all after this general plan, which every earnest worker will modify to suit the case and condition.

In closing, let me urge upon you the great superiority, as a therapeutic agent, of the simple principle of having one well defined action in the use of which, I assure you, greater victories await than are possible with the old complex preparations. DR. W. C. ABBOTT.

Ravenswood, Ill.

Chronic Rheumatism.—Reply.

Editor MEDICAL WORLD:—I have, for quite a number of years, made the underlying causes of chronic diseased conditions a study. For this reason I will here speak mainly, in a general way, of chronic rheumatism. I have for many years been convinced that causes of chronic diseases were to be found either in the unhygienic habits of those so suffering or of their ancestors. Rheumatism is not an exception to this rule. I now firmly believe that in chronic rheumatism much more dependence, for permanent relief and cure of this condition, can be placed in radical and proper change of habits in relation to food, drink, air, exercise and proper bathing than in direct medication. If an excessive formation of uric acid in the economy causes a condition of the blood, called by Flint uricemia, then is it not probable that such becomes an irritant poison and acts as such an element on nerve tissue, causing rheumatism and neuralgia? In nearly every instance when called to treat a case of rheumatism, I find upon investigation the subject of this trouble to have been either an habitual user of alcohol in some form or his diet has consisted largely of flesh meats. Some who are comparatively light meat eaters and use little or no alcohol, may be found, who still suffer to some extent with rheumatism. Such are either people of sedentary habits, living in towns and cities, or the habits of ancestors have entailed to them a uric acid diathesis. It were well for those of strictly sedentary habits if they were exclusive vegetarians. Many other chronic diseased conditions I believe also to be due to uric acid in excess. I am convinced that many cases of chronic rheumatism may be permanently relieved, and eventually cured by entire abstinence from the use of beverage drinks containing alcohol, and all animal foods

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with the exception of dairy products, substituting therefor fruits and farinaceous foods. This plan of procedure in connection with proper bathing and avoidance of sudden chilling of the body by cold and dampness, will, in itself, without the aid of medicine, give great relief when persisted in, and, in some instances, a complete cure may be confidently expected. However, such cannot 'return like a sow, to their wallowing in the mire," for, if they do, they will again feel the full force of the diseased condition from which they have once been rescued. The quotation above of a swine-like habit which men are prone to imitate, reminds me to mention that, while all flesh meats should be abstained from by those suffering from a uric acid diathesis, none are equally objectionable with swine's flesh. In relation to treatment of rheumatism, I have had best success with arseniates, iodide of potassium, salicylic acid, and citric acid. Would also recommend lithium benzoate and quinine salicylate. These latter to be given with copious drafts of pure water.

If Dr. Strode, page 134, April WORLD, will give his patient, suffering from "morning diarrhea," three two-grain pills of sulph. carb. of zinc during the day, the last dose on going to bed at night, allowing him only a very light supper of boiled milk with stale bread, or crackers, he will without doubt, note immediate improvement. If not entirely relieved in one week, give, with sulphocarbolate treatment, 1-6 grain of iodoform in granules before each meal. The patient might abstain to advantage during treatment from ingesting meat containing adipose tissue, using only lean meats broiled, stewed, or in the form of soups. W. C. DERBY, M.D.

White Cloud, Minn.

Rheumatism.

Editor MEDICAL WORLD:—For acute rheumatism, whether muscular or articular, first open the bowels by a brisk cathartic of calomel or blue powder, followed, if necessary, with liberal doses of rochelle salts and put the patient upon the following:

R. Salicylate of sodium.....drams iv
Bicarbonate of potassium.....drams iv
Syrup.....ounces iv
Cinnamon water, qs. to make.....ounces x
M. Sig.—Shake bottle. Dose, tablespoonful every three hours through the day.

If articular use the following:

R. Tincture cantharides
Tincture camphor
Chloroform
Spirits ammonia
Spirits turpentine..... .....aa.....ounces i
M. Sig.—Shake bottle and apply freely to all inflamed joints with rubbing with hand gently at first and sometimes from three to five minures; to be repeated four or five times in the twenty-four hours; joints to be well protected by soft flannel rollers after rubbing.

For fever and pain:

R. Tincture aconite root.....gtt xvi
Bromide of potassium.....drams ii
Syrup
Water .....ounces i
M. Sig.—Shake bottle. Dose, two teaspoonfuls in one-fourth glass of water as indicated.

In fifteen years' active practice I have used this treatment all the time and have never seen a case hesitate to make a very rapid recovery. The only objection I have to it is that there is no money in it for the doctor, as one visit usually settles the business. Stimulants may be used if treatment should seem to depress too much.—W. A. Dorman, M.D., Lebanon, Ind., in Nov., '92, WORLD.

The Advertising Quacks Exposed.

Dr. H. J. Whitney, of Davenport, Washington, exposes the advertising doctors of Spokane in a ludicrous manner. He writes them a letter for his horse, a gelding, "John Saylor," and sends samples of his urine for them to analyze, the following is his letter and answers received, which ought to convince the public of their ABILITY, and one Geo. W. Carey, the president of the Bio-chemistry College, snaps at the bait like a starved spring trout.

Dr. Whitney says:—"I think it well to expose them, as they have shown themselves utterly ignorant and cannot analyse *horse urine*—or if our castrated horses are suffering as per their analysis of urine, our veterinary surgeons seem to be ignorant of it and should be enlightened. These charlatans are taking thousands of dollars from patients who have the utmost confidence in their ability, and I think these letters ought to expose them fully."

Copy of Dr. Whitney's letter which he sent to them:—

"Dear Doctor:—I am troubled very much with weakness and I write to you for relief. I will state my case as plain as I can. Some few years ago I got into a tussle with some men and my privates were injured, since which time I have had no sexual desire, and I am tired and sleepy most all my time. I would not work if I could help it, in fact, I have to have myself whipped up to get any life in me. I think I am troubled with spermatorrhœa. I will send you a vial of my urine to analyse and see what is the matter. I would willingly give all I possess to feel again as I *once* did before my *injury*. I hope you can cure me. Please state price and time of treatment, and I will be your obedient servant. JOHN SAYLOR."

SPOKANE, WASHINGTON, March 16th, 1893.
MR. JOHN SAYLOR,
Davenport, Washington.

Dear Sir: Your letter, also package of urine

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to hand. The trouble with you is as you suspected "Sexual Weakness." The loss in urine is so great that I would judge that you had been troubled for some time before you injured yourself in the tussle. With regard to a cure I cannot say for certain without seeing you or at least knowing your age. If you are under forty the probabilities are that you can be cured permanently in from four to six months. If you have passed that age I cannot promise so certain a cure. Still even then many cases will recover even more rapidly than younger persons. I will treat you for $20 per month by correspondence and do the best I can, or you can come in and I will take the case and if possible guarantee to cure you for so much. If you cannot come to see me mention your age and also if you are married in your next. If I treat you by correspondence you must report by letter and send specimen of urine every two weeks.

Respectfully,
W. NORTON DAVIS, M.D.

SPOKANE, WASH., March 16, 1893.
JOHN SAYLOR, ESQ.,
Davenport, Wash.,

Dear Sir:—Your favor and sample of urine at hand. We find that you are suffering from nerve tissue waste, complicated with spermatorrhœa, which is the cause of your debility and impotency. Your case can be cured. Can you come to the office for a more thorough examination? If it is impossible for you to come, we will send you all the remedies necessary for the home treatment of your case on receipt of $40, for a course of two months' treatment, and $10 per month after should further treatment be required.

Hoping that you will avail yourself of our services, we remain

Very respectfully yours,
DRS. DARRIN.

P. S. Should you call upon us, please introduce your case by presenting this letter. D.

SPOKANE, March 16, 1893.

MR. JOHN SAYLOR:—I received the urin and examend it and find it semnal weakness complicated with cystites Spermatorea I can cure you in a vary short Time you will have To weare a Truss or at Least a suport I will send you one and send you a Linament to rub youre Testicals you must not Let them hang Down will Give you full directions how to Doctor your self and They will be No Troble youre Sexual Troble will come back to you but you must not abouse it for at Least one month I think I can cure you for Sixty Dolars $60.00 and furnish the medisens and suports and aplyences with full directions will send you six weeks Treatment on receipt of $20.00 and the balence you can Pay when you are cured and will give you a writen garentee to return your money if you are no beter in 10 days and Leave it to your Self this is a vary good offer so atend to in at once hoping to here frome you Imeditly I am yours respectfuly G. H. GRAHAM, M.D.

316 Riverside Ave.

NORTHWESTERN COLLEGE OF BIO-CHEMISTRY.
Dr. Geo. W. Carey, *President.*
SPOKANE, WASH., Mar. 16, 1893.

JOHN SAYLOR,

Dear Sir:—Yours at hand—Have examined the urine. You can be cured entirely. The urine contains albumen and fibrine indicating that muscular tissue and probably bone tissue has been bruised or injured in some way. The bubbles in the urine show a lack of the inorganic salts that equalizes water in the tissue. (Nat. Mur.) is very deficient in your blood, which causes weakness, lack of energy, &c., &c. A man cannot be strong without a proper balance in his tissue—You need four of the phosphates found in fluid blood and two chlorides. The phosphates are calcarea, kali, natrum and ferrum. The chlorides are sodium and kali. I will prepare and send as per "open letter" herewith. The terms are reasonable and the cure *certain*. I do not want "all you have" to cure you but only what is just and fair. Cordialty. GEO. W. CAREY, M.D.

Box 1663.

LETTER FROM DRS. STOCKTON & REDDY.
SPOKANE, March 16, 1893.
Carelton Block.

JOHN SAYLOR, ESQ.,

Dear Sir:—Your letter and urine received and a thorough analysis made both chemical and microscopical. You are troubled with spermatorrhœa in what we call the second stage. The prostate gland is also affected which may simply be sympathetic from the other. Now cases like yours with care and proper attention take usualy about four months to cure. We guarantee all our cures, furnish all medicine, &c., &c., the cost to you will be $125.00 We can refer you to numerous patients cured who were suffering like yourself. Let us hear from you again. DRS. STOCKTON & R.

[As the above article will be highly useful to physicians, if judiciously used, we have concluded to have it prepared in neat pamphlet form and offer it to our readers at the very low rate of 5 cents each, 30 cents per dozen, or $2.00 per hundred.—ED.]

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Dosimetric Medication Not a Complete System of Medication.

Editor MEDICAL WORLD:—We do not claim that there is anything in Dosimetry to warrant its elevation into a special system of medication. In the language of Dr. W. F. Waugh, "There are many valuable medicines that cannot be put into the granule form, and many affections that require very different treatment." It is simply a method of exhibiting medicaments, and in a great many cases, a very excellent method. It aims at greater certainty in the purity of the substances to be administered and at more exactness of dosage, than can be obtained by the more common methods of general medication. Whenever the method can be applied, it is greatly to be preferred to the old plan, from its greater certainty, its more elegant form and its greater convenience.

The following report of cases may illustrate the idea set forth above of my plan of *"mixed"* practice.

Case 1st. Called to see M., aged 14, February 16, 1893, in consultation with Dr. M. About December 25, 1892, she was bitten by a mad cat through the abductor pollicis muscle of the left hand. The wound healed in a few days under domestic treatment. One week before seeing her the hand and arm commenced swelling and continued to grow worse until my visit.

Found a hard circumscribed tumor of a purplish-red color at the seat of the bite, accompanied by tension and extremely painful. The lymphatic glands of the arm, axilla and neck enlarged and sensitive. Had had a chill the evening before and the temperature at 9 A. M. was 102° F., pulse 100, soft and compressible. Opened tumor to relieve the tension and applied poultices of slippery elm and used hydr. chlor. corros. 1-1000 as a wash. Continued quinine as prescribed by Dr. M. and in addition put her on calcium sulphide, grs. $\frac{1}{12}$ and iodoform, grs. $\frac{1}{12}$, every hour, to be taken together. Bowels were freely acting from the effects of hydr. mass. which she had been taking before I saw her and which had produced symptoms of ptyalism. Of course this was discontinued.

February 17. Patient much relieved, arm less swollen and painful the lymphatics less enlarged and had slept well through the night. Wound suppurating, temperature 100° F., pulse 85. Continued treatment and left the patient in charge of Dr. M.

February 22. Called again to see M. and found symptoms of pyemia well marked. Periodic chills, enlarged glands, anorexia, cephalalgia, temperature 103° F. and pulse 120 per minute. Granules of sulphide of calcium and iodoform had been discontinued, also the hydr. chlor. wash. The sore was hot and painful, with an "angry dusky red blush" about it, a grayish, "sloughy look," edges "sharp-cut" and ulceration rapidly extending.

Treatment: Resume the calcium and iodoform. As an antiperiodic and tonic:

℞ Quinia sulph ..... gr. xx
Ferri reducti ..... gr. xv
Strychnia sulph. ..... gr. ½
Acid arsen. ..... gr. ½
M. et. ft. pil. No. x et. Sig.—Take one pill every three hours.

Also, after washing the ulcer in the bichlor. solution, apply antifebrine well dusted over the ulcer night and morning. As food: soups and oatmeal.

February 23. Ulcer thickly studded with small granulations and exuding laudable pus, having a white, shriveled appearance around the edges and a tendency to contract. Temperature 100° and pulse 100. Continue treatment.

February 24. Ulcer healing, lymphatics disappearing; temperature and pulse normal, no chills since 21st. Continue treatment, giving quinine, iron, etc., only three times a day. Left patient with Dr. M.

March 6. M. now out, rapidly getting well.

Case 2d. A child one month old. Saw it February 16, with green, frothy stools, tympanitic and discharges every thirty minutes. Anus and nates irritated by acrid discharges. Nurses its mother, a well developed, healthy woman.

Treatment:

Hyd. chlor. mite ..... gr. 1-12
Sulpho. carbolate zinc ..... gr. 1-12
Codeine ..... gr. 1-67

One granule of each to be taken together every two hours. Directed that the child take the breast only every three hours.

February 17. Discharges less frequent, somewhat greenish, but more consistent. No frothiness, and odor natural. Continue treatment.

February 18. Child sleeps well, no pain, and discharges dark, bilious, and only three in the last twenty-four hours. Tympanites disappearing. Some colic every afternoon. Discontinue calomel; continue sulpho-carbolate of zinc and codeine.

February 19. Some colic, as referred to above. Other symptoms gone. Give arsenite of copper, gr. 1-1000, three times a day; codeine gr. 1-67, *pro re nata*, and report if improvement does not continue.

Heard nothing up to present writing.

Case 3d. Saw Mrs. J., January 3d, and found her with lichen urticatus. Present condition: General anasarca, scanty secretion of urine, palpitation and dyspnea. Seven months pregnant with her sixth child, but attached no importance to the swelling, etc., and only con-

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sulted me for the intolerable itching and burning produced by the lichen (parenthetically, I will say that lichen is prevailing as an epidemic all through eastern North Carolina and Virginia). Analyzed a specimen of her urine and found it as I expected, loaded with albumen.

For the lichen prescribed:

Ol. terebinth.....fl. ounces ij
Camphor.....ounce j
M. S.—Apply lightly to the affected parts.

Also:

R. Liq. potass. arsen.....ounce j
Sig.—Take five drops three times a day in a tablespoonful of water.

For albuminuria:

R. Tr. digitalis.....fl. ounces ss
Potass. nitrat.....ounce j
Potass. acet.....drams xij
Aquæ ad.....oj
M. S.—Take one tablespoonful three times a day.

Also one tablespoonful of potass. bi-tart. night and morning until copious, watery discharges appear, then *pro re nata*. Diet, milk and eggs.

This patient could not be impressed with the idea that anything serious was the trouble, and refused to make a bridge before she got to it, but agreed to follow my directions, and, if "anything happened," to call me in.

Saw her again February 6th, one month after my first visit and found lichen gone, anasarca much improved, but suffering from pain in feet and legs. Prescribed morphine and hot foot baths, with directions to keep up former treatment.

March 1st, labor came on under the management of a negro mid-wife and was attended with no trouble. Child living. Called to see this case again March 10th. Found her delirious, pulse 140, temperature 105° Fahrenheit, flushed face, full carotids, strabismus and contracted pupils. Had had a chill early in the morning and had been suffering with dysenteric symptoms all night. Tenderness all over abdomen with scanty lochia. Eyes perfectly insensible to light. Prescribed:

Acontine, grs. 1-500.....12 granules
Digitaline, grs. 1-67.....12 "
Veratine, grs. 1-134.....12 "

Add to these granules twelve teaspoonfuls of water and give a teaspoonful every thirty minutes. Apply sinapisms to nape of neck, spinal column and epigastrium.

Afternoon. General condition unchanged, except temperature 103° and pulse 120, and more compressible. Continued treatment.

10 P. M. More rational. Complains of intense headache and blindness. Continued treatment with granules all night and give in addition three grs. antifebrine every three hours.

March 11. Morning. A copious discharge of urine, the first passed since the night of the ninth. Tested and found it normal. Temperature 100°, pulse 90, some headache, no delirium and surface covered with a gentle perspiration. Continued the defervescent granules, giving one of each at intervals of an hour.

Afternoon. Pulse and temperature normal, no strabismus and vision good. Discontinue the defervescent granules and give quinine, grs. two and one-half, every two hours through the night until fifteen grs. are taken. Should temperature begin to rise give antifebrine, grs. three, every three hours until reduced.

March 12. No rise of temperature through the night, and temperature and pulse normal this morning. Continue quinine through the day and give every alternate hour one pill composed of

Aloin.....grs. ½
Podophyl.....grs. ½
Ext. belladon.....grs. 1-30
Ol. capsic.....grs. 1-10

until bowels are moved.

Evening. Bowels acted well. Some cinchonism. Discontinue quinine and all other treatment until my next visit.

March 13. Found patient with some dysenteric symptoms and prescribed

Camphor.....grs. ½
Opium.....grs. 1-6

every hour until relieved.

Afternoon. Dysentery relieved and patient convalescing. Give quinine, five grs. during the day.

March 14. Nothing has been said in regard to uterine treatment. From the beginning hot antiseptic washes of bi-chlor. corr. $\frac{1}{1000}$, have been used. On the 11th, 12th and 13th the uterine discharges were fetid and purulent and the antiseptic was used three times a day. Under its use the offensive odor has been removed with less pus. To-day the bi-chlor. suspended and a wash, as hot as it could be born, of zinc sulph. and acid tannic, ten grs. of each to the ounce, was substituted. No uterine tenderness. Give five grs. quinine during the day.

March 15. Convalescence fully established. Continue zinc and tannin as long as there is any uterine discharge.

At this writing, April 1st, Mrs. J. is up and around the house.

JOHN H. POOL, M.D.

South Mills, N. C.

The Cholera.

Editor MEDICAL WORLD:—As we have lately had considerable experience with cholera some observations may be helpful to some in your large constituency.

This scourge first arrived in these parts, by way of the Caspian Sea, Tiflis and Batoun, last

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July, though for some time it was confined to the lazaretto at Plataria, ten miles west of the city. In September it appeared in the city, continuing only four days. A branch of the main cholera column, traveling at the slow caravan pace, reached us from Erzroom during the last days of October. At no other point did it touch the Black Sea coast in Turkey, and this was its extreme westernmost limit. It will be seen that the cholera travels by the main routes, keeping equal pace with the tide of traffic. Quarantines have been pushed by the Turkish government, the attempt being made to cut off all intercourse across the Persian border. But the cholera pressed through all barriers and moved calmly on its course. It is probable that it was somewhat delayed, and evidently it is subject to more control by sea than by land. Quarantine is in itself an evil scarcely less than cholera itself, as we can testify from our six months' experience of it.

The idea that cholera favors low altitudes has not been confirmed by our experience. In Erzroom, one hundred and fifty miles in the interior and at an elevation of six thousand feet, there were some three thousand cases of cholera, or five per cent. of the population. Here there were probably seven hundred cases, though only four hundred were officially reported; that is two per cent. of the population. It is true the sanitary condition of Erzroom is far worse than that of this city, which indicates that altitude, however helpful, cannot be trusted to counterbalance unhealthy conditions.

Of the four hundred cases officially reported, two hundred and forty-one proved fatal. No class, or age, or sex was exempt, all were about equally involved, though naturally the poor suffered more than the rich. During the summer, the government was very active in clearing up the streets, and throwing vegetables and fruits into the sea and daubing carbolic tar on the street corners. At all times the city is supplied with a municipal physician, and there is also a quarantine station. These departments were reinforced from Constantinople during the prevalence of this epidemic, and medicines and medical attendance were supplied free to the poor. But instead of placing every quarter and every house under careful medical supervision, so as to arrest each case while in its incipient stage of diarrhea, they waited until the people rushed to them when the patient was in the throes of the second or third stage of the disease. Naturally a large proportion died, and the scourge completed its course at its leisure.

In treating this disease, great use was made of what is called "Potion de Riviere," said to be a very popular medicine in Paris. The formula is as follows:

Water	100 parts
Citric acid	4 "
Bicarbonate of potassa	2 "
Simple syrup	15 "

The formula recommended by the Imperial Medical College of Constantinople, and chiefly relied on by the medical authorities here, was as follows:

Riviere draught	300 grammes
Peppermint water	25 "
Laudanum	30 drops
Simple syrup	40 grammes

Dose.—Tablespoonful every half hour.

In connection with this, camphor liniment, with six per cent. essence of sage added, was used externally.

Mustard plasters were also freely supplied.

As might be supposed, this medicine for internal use could do little more than to help quiet an irritable stomach. Indeed in one instance, a well woman, finding the medicine pleasant to take, drank down the greater part of the bottle without perceptible effect.

The English consul, Mr. Longworth, took great interest in this cholera visitation and carefully studied up the article on cholera in Quairis Medical Cyclopedia, prepared by Dr. McNamara. He decided to rely on laudanum in simple diarrhea, and a pill consisting of four grains of acetate of lead and one grain of powdered opium for the more advanced stages. This pill, especially if dissolved in a little water, was well tolerated, and the treatment very successful. In my own practice I used very effectively the so-called "Hamlin mixture," composed of equal parts of laudanum, spirits camphor, and tincture of rhubarb, sometimes adding ginger and dilute carbolic acid. But the best work was preventive work. I did all I could to instruct the people not to permit a diarrhea to go on an hour without treatment, cautiously distributing medicines for prompt use. In this way a large number of cases were aborted. This, I am confident, is the way to stamp out the disease. "Eternal vigilance" is not only the price of liberty, but also the price of exemption from cholera.

When the epidemic began it was the custom to strictly quarantine each infected house for ten days, to burn all contaminated bedding and garments, and disinfect the premises. Afterwards all this was given up, the people gathered freely around the sick beds of cholera patients, soiled clothing was washed in the usual manner and disinfection was mostly abandoned. Strange as it may appear, this laxness did not seem to stimulate in the least, the spread of this disease. In crowded tenement houses frequently only one case occurred, and the instances were rare

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where more than one person was attacked in one house. It is evident that whatever may be said of microbes they are not all-potent in the spread of cholera. Like seed, plainly, they must fall on a favoring soil with favorable conditions in order to develop the disease. This view is further enforced by the fact that not one of all the American Missionary colonies at Teheran, Hamadan, Tabruz, Oroomiah and Salmas, in Persia; and Van, Erzroom and this place in Turkey, numbering more than a hundred souls, has fallen a victim to cholera, though they have been constantly exposed to it in treating the sick. Nor have I heard of a single physician that has been attacked, though many were daily exposed to it for weeks together.

I am very hopeful the cholera will not take up its westward march this year as many predict. But if it does, and finds its way across the Atlantic, it need not cause special anxiety. I believe it is a disease more amenable to control than "La Grippe," and many other diseases that attract much less attention. The great thing is *to take it in time.* It is always a safe precaution to drink only boiled water in cholera time, though some do not deem it necessary. Other sanitary precautionary measures are obvious to every physician. But the greatest thing of all is that the people should keep cool, not to run away from it, but to be ready for it. Fear seems to invite the disease, and to lie awake at night or to run away are greater evils than the disease itself. I cannot conceive that any physician in the United States would run away from cholera as one of the physicians of this town did, therefore, they will be able best to serve the people by inspiring them with coolness and courage.

M. P. PARMELEE, M.D.

Trebizond, Turkey, Feb. 10, 1893.

Cholera.

Editor MEDICAL WORLD:—Will your readers care to read a few items concerning cholera from one of your subscribers in this far away land?

This city is situated in the northeast corner of Turkey, near the border of Russia and Persia, in both of which countries cholera has been raging during the whole summer. It did not, however, reach this city till the middle of November. This may be partly due to quarantine precautions, although I can by no means render unstinted praise to the quarantine regulations of the country.

The writer was absent when the disease began here, having gone to meet a party of three ladies coming from America, two of whom were physicians. When we arrived we found that the disease had begun about two weeks before, but had been mostly confined to the Turkish population until within two days, but it had already obtained a foothold near our residences and deaths were rapidly taking place all about us, among the Armenians. We immediately set ourselves to work to combat it. Permission was given to address the people in the various churches, where a plain statement of the precautions that needed to be taken was made. Local relief committees were organized in the different parishes, with paid agents to visit houses to see that instructions were carried out and to supply medicine. The medicines known as "Hamlin's cholera mixtures Nos. 1 and 3," were prepared on a large scale and issued in small quantities generally among the people. The death rate began at once to diminish, though it was a month before cases entirely ceased to occur. From an Armenian population of some twenty-five thousand, one hundred and fifty deaths occurred, of which nearly three-fourths took place during the first three or four days before our machinery got into working order. A large number of the later cases died from uremic poisoning from three to ten days after the cessation of vomiting.

The great danger here came from the water courses which run through nearly every street. The Moslems use them for their ablutions before prayer, and all classes for ther general ablutions as well as for washing dishes, clothes, etc. For drinking, cooking, etc., the water is more generally taken from the fountains whence these streams issue, but a good many are careless and use the water from the streams themselves. The thing most strenuously insisted on was that water should not be used, even for washing, without being first well boiled, since in many instances, especially among the Turks, vessels containing the dejecta of cholera patients were emptied or washed in these streams. An unexpected degree of attention was paid to these directions, but some notable cases of carelessness, followed by fatal results, came to our knowledge. I will mention one example. A large and well-to-do family near us had used great care in the matter of boiling their water and no case of sickness had occurred. After some time had passed they brought water from the street to wet the dough for baking and before it had been boiled one woman took a cupful and drank it. The others reproved her, but she, in a spirit of bravado, said, "See what it will do to me," and drank two cups more. In a few hours she began to have diarrhea, of which she took no notice, till cholera symptoms were well established and before twelve hours she was a corpse.

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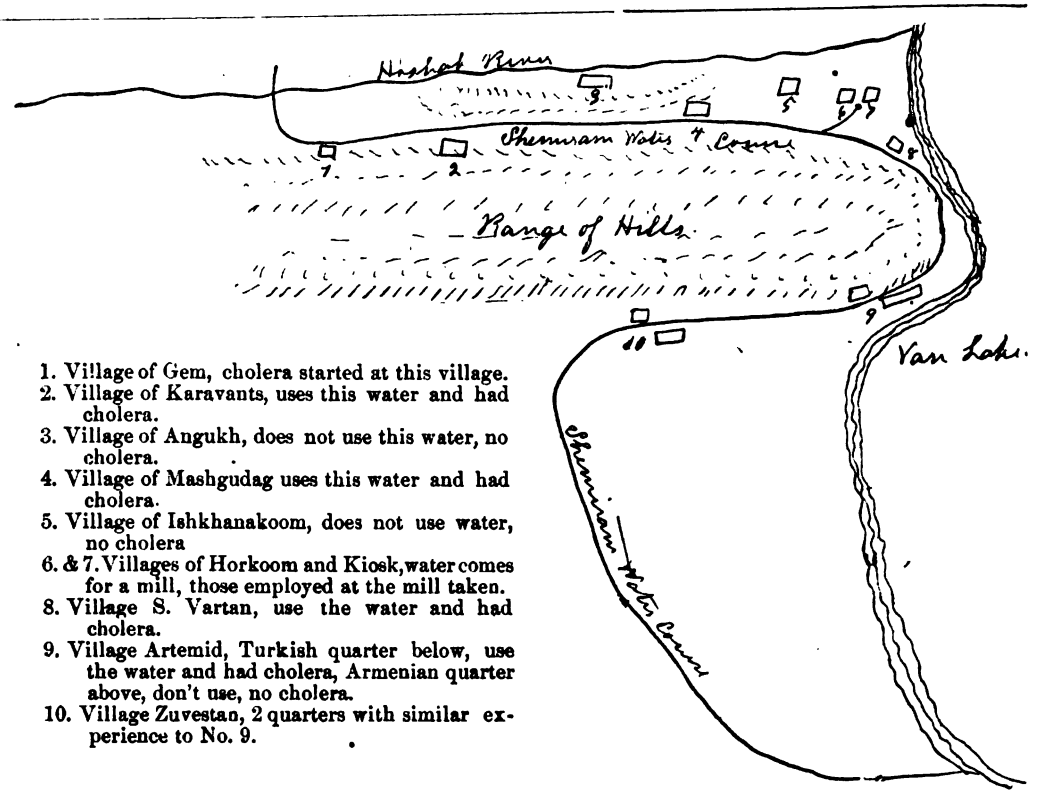

1. Village of Gem, cholera started at this village.
2. Village of Karavants, uses this water and had cholera.
3. Village of Angukh, does not use this water, no cholera.
4. Village of Mashgudag uses this water and had cholera.
5. Village of Ishkhanakoom, does not use water, no cholera
6. & 7. Villages of Horkoom and Kiosk, water comes for a mill, those employed at the mill taken.
8. Village S. Vartan, use the water and had cholera.
9. Village Artemid, Turkish quarter below, use the water and had cholera, Armenian quarter above, don't use, no cholera.
10. Village Zuvestan, 2 quarters with similar experience to No. 9.

The experience of some near villages illustrates so beautifully the spread of the microbes through the water, that I want to narrate it. In a valley a few miles south of us, named Haigatsore, an immense spring bursts from the ground whose waters are carried around the edge of a range of hills in an artificial channel for irrigation and other purposes. This stream is called Shemiram Su, (water of Semiramis), and several villages use its water for drinking and other purposes. Near its source is the village of Gem, where, in some way, cholera was early introduced, and the water of this stream was naturally soon infected. Now notice the result as shown by the accompanying rough sketch. No. 1 marks the place of this village of Gem where cholera appeared. No. 2 shows the next village, Karavants, which uses this water for drinking, etc., and soon began to suffer from the disease. No. 3 is the village of Angukh some distance from this stream and using other water, and it escaped. No. 4 is Mashgudag, using this water exclusively and suffering very severely. No. 5, Ishkhanakoom, does not use this water and escapes. Nos. 6 and 7, Kiosk and Horkoom do not use this water for general purposes, but a small branch is diverted from it to turn a mill. The miller and others working there were taken and spread the disease, to some extent, in those villages. No. 8, S. Vartan, uses the water and had the disease. No. 9 shows a large village one ward of which, occupied by Turks, is below this stream and uses its water and suffered very severely, while another ward, occupied by Armenians above the stream, uses a separate fountain and escaped. No. 10 is Zuvestan and its position and experience were exactly the counterpart of the last. A more beautiful illustration of the spread of the disease could hardly be imagined.

The great desideratum which we feel is something to start up the kidneys and eliminate the urea. Who will supply it?

G. C. RAYNOLDS, M.D.

Van, Turkey in Asia, Jan. 18, 1893.

Rheumatism.

Editor MEDICAL WORLD:—Let me give you a formula, not my own, but certainly good.

R. Sodii salicylatis, Potassii iodidi, Potassii acetatis ..... aa dram ij.
Ext. cascara sagrada ..... fl dram ij.
Glycerini ..... ounce ss.
Sts. lavender comp. ..... dram ij.
Aquæ mentha pip. ..... ad ounce iij.
M. Teaspoonful every three to four hours.

W. S. CLINE.

Woodstock, Va.

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Hemophilia.

Editors MEDICAL WORLD:—On December 24th last, I was called a few miles in the country in consultation. The patient, Mr. H. L. W., about 38 years old, had been bleeding from the entire mucous surface of the gums for about forty hours. Found two physicians in attendance, one having been called hour or two after the hemorrhage set up, the second, some twenty-four hours later. They had industriously applied all the well known styptics, such as alum, tannic acid, monsels, solution, etc., with little or no benefit. Although the hemorrhage was what we would term passive in character, it was beginning to tell markedly upon the patient. He was becoming quite anemic, and weak. Investigation and inquiry elicited the following facts. Family history, moderately fair. The patient himself has been in rather feeble health for several years. Some four years since had a moderate hemorrhage which the attending physician thought was from the lungs. We at once gave it as our opinion that the patient was suffering from a hemorrhagic diathesis (hemophilia) and that immediate constitutional treatment should be adopted, that he was liable to bleed from other organs at any moment, as the kidneys, bladder, bowels, stomach, lungs, etc. No ergotin being at hand, but having a good fld. ext. ergot, twenty drops, with a little hot water added to thin and warm it, was administered hypodermically. The effect was almost magical. In less than twenty minutes the bleeding was perceptibly lessened. This treatment, (with the addition to the ergot of three drops fld. ext. digitalis and 1-100 grain strychnine to each hypodermic) was continued, a dose being administered at intervals of from two to four hours as indicated. The improvement, though slow as regards the patient's recuperation, was continuous from the time of commencing the treatment, and under this treatment, with nourishing diet he was able to be "around" in two or three weeks. I may mention here that at my first visit to the patient on the morning of the 25th, the attendants reported a slight hematuria as having occurred once during the night. This was quite likely due to their having too soon extended the interval between doses to four hours, and before a decided impression had been made upon the system. There has been a slight oozing from the gums once since this attack. I report this case because such cases are rare in this country, and in the hope of eliciting comments from the editors, and from some of the many readers of THE WORLD, some of whom may have met with similar cases in practice. If so, please give us your treatment, brethern. Another object I have for writing up this case is to emphasize the value of ergot as a hemostatic. For an instructive and interesting article on Hemophilia refer to volume 3d, Pepper's System of Medicine, pages 931 to 938—By William Osler, M.D.

Jernigan, Ala. T. A. JOHNSON, M.D.

A Case of Periodical Hematuria.

Editor MEDICAL WORLD:—Will any one of the readers of THE WORLD give me his diagnosis and treatment of the following case as I have never seen a case similar? The patient, Mr. H., aged forty-four, been married ten years, and about ten years ago was attacked with hemorrhage of kidney suddenly and was not troubled any more until the expiration of five years, and now, in five years more, is suffering from the third attack. He complains of weak back, has never had any lingering disease nor black jaundice. In the patient's own language, he has passed a long, stringy substance resembling a leader several times, and then bloody urine would flow freely, and says he has frequent pains near the neck of bladder. The patient is thin, his weight varying from 130 to 145 and has lost flesh in last year or so. He is temperate in habits, except in the use of tobacco. He is not dyspeptic. The patient is a farmer and attributes his trouble to heavy lifting and straining. I have examined the urine and find sp. gr. 1030, acid reaction; otherwise the urine normal, excepting in its high color and small quantity.

MAGNOLIA.

A Few Thoughts on the Feasibility of Annihilating the Predisposition or Susceptibility to Tuberculosis by Flushing the Colon and the Proper Administration of Mercury, Gold and Zinc, Inhalations, etc.

Editor MEDICAL WORLD:—"It is impossible to hinder the birds from flying over our heads, but we may hinder them from building nests in our hair." So it is impossible for man to avoid inhaling, eating and drinking the germs of tuberculosis. But I boldly assert that it is possible to hinder the fertilization of the soil in the tissues of the body so that the germs cannot develope the disease, by keeping the alimentary canal clean and the glandular system in such a perfect order that there is not sufficient peculiar fertilization in the muco-serous tissues to germinate the seeds sown daily; for I claim it is an utter impossibility to avoid contact with the germs of tuberculosis. We may talk about breathing pure air and disinfecting our homes, carpets, furniture, cuspidores, etc., which is all very good, but with all, the sporules are found in the atmosphere wherever man or beast ex-

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ists, and the dried sputum of consumptives, not mentioning feculent matter discharged off the earth's surface in almost every nook and corner of the globe, which is constantly floating in the atmosphere, anywhere and everywhere. Is there not a better treatment for tuberculosis than cod liver oil, whisky, and change of climate? This has been the general outline of treatment for many years. But few have given time to a close study of the nature of the germ and the soil in which it developes. There is a vast territory still unexplored in this part of the field of medicine. Doctor Koch deserves much credit for what he has done in certain discoveries, but "tuberculin" has not done much, if anything, for the consumptive. Aside from Dr. Koch I know of no one who has made a special successful effort in the scientific study of tuberculosis. Doctor John Billings says that the principal cause producing susceptibility to tuberculosis aside from inherited predisposition is from without, breathing impure air in closely confined rooms, etc., says nothing in regard to the dangers from within; and nothing about the soil in which the germs develope. I mention this to show that but little, if any, attention is being paid to the peculiar fertilization necessary to develope the disease. If I am not right in regard to a peculiar fertilization of the tissues of the body, why is it that thousands of us inhale, eat and drink the germs daily in all stages of freshness and malignancy? But we digest them with impunity, just as we do all other germs of disease that do not find fertile soil in the body.

You might just as well sow seeds of any kind on the streets and expect a harvest as to expect a man to develop an infectious disease if there is no soil in the system to entertain the germs. So, then, if it requires a peculiarly fertilized soil to develop the germs of tuberculosis, let us see if it it is not only feasible but possible to counteract the fertilizing process which is constantly going on in the person who has a sluggish glandular system, and a crowded duodenum and possibly an impacted colon. It will be observed that every individual who develops tuberculosis will tell you, that he has suffered more or less with constipation; possibly not obstinate, but to a degree. So that defecation is not always satisfactory, not being comfortably relieved; he will also say his urine has been more or less high colored, which indicates that the kidneys are throwing off secretions that should have passed through the alimentary canal. He will invariably complain of a crowded condition of the stomach, soon after eating, which indicates that there is a crowded condition of the duodenum and fermentation of the contents of the intestines, which is very common. Now, while this is going on in immediate contact with the chylferous vessels, mesenterics and all the mucous surfaces of the alimentary canal, it will be very readily understood how excrementitious matter is absorbed, fertilizing the tissues in immediate contact. Also in the decomposed secretions carrried with the chyle into the venous circulation and commingled with the venous blood in the right ventricle, from thence to the lungs, to be renovated and oxygenated. So it will be seen what the lungs have to contend with in eliminating secretions that should pass off through the normal channels. This process fertilizes not only the mucous surfaces of the air passages, but also the whole of the mucous and cellular tissues of the body. Now, in regard to breaking up the soil and counteracting the fertilization of the same. Flushing the colon I have mentioned in a previous number of this journal. The water should not be too hot; in some cases a little soap lather is very beneficial, especially one beginning the treatment, in cases with coated tongues, and who have obstinate constipation; the amount should vary from a quart to half a gallon thrice weekly. In a nervous-bilious temperament, I prescribe a mild chloride of mercury, unless there is some irritation of the mesenterics, then I give the bi-chloride hypodermically. The former in doses ranging from one-hundredth of a grain to one-fiftieth, the latter in one-two-hundredth to one-sixtieth of a grain and as often as may be deemed necessary, possibly three times daily after meals will be proper to begin with, in administering the mild chloride by the mouth. The bi-chloride once weekly, watching the physiological effects, not to approach too near the danger line. It is best to give it alternately every other week when given by the mouth, possibly omit every third week, depending upon the appetite and ability to take food and assimilate it. In many cases two grains given every other night for one week then omitting every second or third week until you have acted upon the mucous and glandular tissues; after this give it occasionally when indicated by dryness of mouth and throat. I also find that in connection with the *mineral treatment* that guaiacol, given with a good syrup hypophosphite, is very beneficial. The guaiacol acts admirably in all cases, especially when taken in connection with flushing the colon and the *mineral treatment.*

The gold and zinc is indicated more particularly in phlegmatic temperaments. Possibly alternating occasionally with a few doses of the mild chloride in two-grain doses every other night for a week. In some cases where I have given the mild chlorides for some time, I find it

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advisable to change off on gold, say one-thirtieth of a grain thrice daily, if the patient can eat well.

So far I have reference to cases in the incipient, or first stages of tuberculosis, before the volume of blood becomes reduced from inability to assimilate and receive food. It will be found that each and every case is a law unto itself, as pertains to the susceptibility to the *mineral* treatment. Every case will require more or less study and thought, as much as each book in your library will require your personal investigation before you can comprehend its author and digest its contents. You will find that every patient differs as much in diasthesis, treatment required and susceptibility to treatment as we all differ in individuality. It will be necessary, therefore, for the physician to be in love with the profession or little will he accomplish in managing complicated diseases of any kind, much less tuberculosis.

The inhalation of the ammonium chloride and tar (and beechwood oil, which I have added lately) with a modified inhaler, will not only increase the expansive power of the lungs and bring back to a degree the normal elasticity of the lung fibre, but also stop hemoptysis, heal cavities and restore damaged lung and throat tissue.

I believe it possible with the *mineral treatment*, as I have been practicing and advocating it for several years, to annihilate the predisposition, if not entirely cure, seventy-five per cent. of tubercular cases. This I have proven to my own satisfaction in many cases who are living witnesses, right here in Washington, D. C. Out of about 143 cases during the last eighteen months only seven have died to my knowledge.

The treatment is purely scientific, and can only be applied by a regular physician.

NEVIN B. SHADE, M.D.

28 Iowa Circle, Washington, D. C.

Is Chloroform an Antidote to Strychnine Narcosis?

Editor MEDICAL WORLD:—Mr. G., a neighbor of mine, has a pointer dog, six months old; his horse stepped on the dog and injured the spine—so much so, that after consulting a gentleman who knew all about dogs, he was advised to kill it. Mr. G. gave the dog two grs. sulphate of strychnine, about 8 o'clock P. M., March 22d. The dog was in an old shelter, near my office, and, on the morning of the 23d, when I opened my office, Mr. G's wife came over and asked me to give the dog chloroform, as it was yet alive and having terrible spasms. She said she had been told that chloroform would kill a dog easily. I found the dog having terrible tetanic convulsions, but could not account for why the amount of strychnine had not already killed. However, I took my bottle of chloroform and chloroformed the dog to complete anesthesia; the convulsions ceased, and the dog lay perfectly motionless for about two and a half hours, and aroused up and looked all right; had no more spasms or convulsions, and to-day, (23d,) is eating heartily, and is all right, except the injury to the back. It is fond of the members of Mr. G.'s family, and is petted by Mrs. G., whom the dog tries to follow. Did the chloroform save the dog's life? I think it did. I am very sure the dog would not have lived two hours without the chloroform.

I do not know of any case of strychnine poison in the human subject having been treated by chloroform anesthesia, though such cases may have been reported. Anyhow, I give you this bit of my experience for what you may think it is worth.

W. A. MITCHELL, M.D.

Mangohick, Va.

A Fatal Case of Rabies.

Editor MEDICAL WORLD:—I wish to report the following case which, if you think worthy, give it a place in the columns of your valuable journal. Betty L., aged four years, was, on the evening of the 6th of last February, with some other little children playing in front of her father's house near Columbia, La., when a dog trotted up the road and she left her playmates to have a romp with the dog, thinking it one that belonged to a near neighbor. The dog without warning bit her twice; once just below the right eye and once over the lower jaw of the same side, both wounds deep. The cries of the children attracted the attention of the parents and the father seized his gun and followed the dog a mile and a half before he succeeded in overtaking it. When the attention of the dog was obtained it turned on the father, Mr. Loe, and with hair erect it started towards him, barking. The cap on the gun failed fire and the dog started to run away and was brought down with the second barrel. It was not killed outright, and howled most pitifully. The history of the dog, so far as we are able to trace, is as follows: It was a stray about one and a half years old of Newfoundland and pointer species mixed and had been in that neighborhood about a week. Some sheep had been killed and it was thought to have been the perpetrator. It had been dogged and chunked by everybody who saw it, and meeting any one on the road it would turn out and would run for scolding, and when killed presented no symptoms of hydrophobia. It bit another dog on the 3rd, and that dog on the 7th had fits and was killed.

The wounds on the little girl healed rapidly, leaving livid scars where the teeth tore the flesh.

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Nothing unusual was noticed about the child until the twenty-fourth day from the bite on Thursday, March 2d. In the afternoon she was cross and irritable and at night developed fever, some nausea and vomiting. The father gave her a small dose of calomel and slept with her that night. Towards morning she became scary, and said something was going to catch her; was perfectly rational when aroused, still feverish, calomel acted but slightly. At 9 A. M. she called for water, and when it was offered her she had a spasm, and every time that day and the next she would have a spasm or strong symptoms when she attempted to drink water. The convulsions were not hard and after talking to the child a minute or two she would appear rational. She claimed that she could not get the water, but after forcing the first swallow down she could continue drinking until thirst was satisfied. At the same time she was feverish, restless, whining, crying, picking at the scars of the bites as though they itched, catching at objects with occasional frenzied spells. On Saturday, the fourth, the parents started with her to their old home and to the home of their parents near Bienville, La. The child was seen by a physician at Columbia that day, who prescribed potassium bromide which was given until 3 P. M of the 5th. They said they did not think it necessary to continue giving any longer, as the child had become quiet and appeared to be sleeping.

I saw the child for the first time at 5 P. M of the 6th and the fourth day from seizure.

Condition: Profound coma; temperature, 102.5; pulse, 140 to 180; respirations, sixteen; pupils contracted and insensible to light, and the corners filled with purulent matter. Scars livid, mouth filled with a white froth, no tenderness along spine, but some in right side; abdomen flat and apparently sunken; continued discharge of gas from the bowels; no movement in forty-eight hours. Gave injections and glycerine suppositories without result. Gave her a teaspoonful of water, producing decided spasm of the glottis, the countenance at the same time expressing great anxiety and distress. In a few minutes, I repeated water, with the same result. In a little while, tried it with water in a cup, with same symptoms, but by holding cup to mouth of child it finally, after great effort and apparently much pain, succeeded in swallowing three or four spoonfuls. I put her in a tub of warm water, and the symptoms of spasms were very strong. The child continued in a state of coma until 2 P. M. of the 7th, when it died, twenty-nine days from the bite. She had been in good health to the Thursday evening.

I pronounced the case hydrophobia, but some were inclined to doubt, because the dog, when followed by Mr. Loe, turned and came toward him, barking, and when shot down, howled most piteously, and had there been no history of bite and symptoms as given me by the parents, I should have said that the child was dying from meningitis.

I like THE MEDICAL WORLD because in it I find hints and helps on subjects not in my works of reference.

I think Dr. Spradley's (page 91) case to have been membranous croup.

E. A. CRAWFORD, M.D.

Liberty Hill, La.

Surgical Scarlatina.

Editor MEDICAL WORLD:—November 16th, 1892, I was called to attend Mrs. M. in confinement (breech presentation). In consequence of this accouchment, it was necessary for me to visit the house regularly once or twice daily. At the expiration of twelve days, my attention was called to a boy three years of age, who, nurse said, kept his hand almost continuously between his legs, and was observed frequently rubbing his penis. On examination, I found a prepuce almost an inch long, with orifice about the size of a knitting needle. Circumcision was advised, and readily consented to. After thoroughly sterilizing the penis and all the adjacent parts, the instruments aseptisised with carbolic acid solution, the child was etherized and prepuce excised. The mucous membrane found adherent over entire gland in proximity to meatus. This was dissected off with the flat end of pocket probe, four stitches inserted, parts wrapped up in lead water and laudanum. Two days later the penis, scrotum, in fact the whole inguinal region was in an active hyperemic and hyperesthetic condition. (Treatment symtomatic). The following day pronounced roseoloid eruption covered abdomen, rapidly spreading over chest, arms, back and legs—*face totally exempt.* Tongue furred, red tip and edges. Fauces perceptably flushed, tonsils somewhat infiltrated. Temperature 102⅘°, child fretful, general malaise. Pulse short, quick beats, 130 per minute. No vomiting or nausea. On the fourth day the eruption faded, disappearing entirely on seventh day.

Tape Worm Expelled by Tobacco.

Editor MEDICAL WORLD:—The past winter I was consulted for the removal of a tape-worm for B. C. H. The remedy was duly taken, and followed in due time with a full dose of oil, which failed to move the bowels; although the oil was repeated, no action of the bowels followed. Not getting any portion of the worm, Mr. B. C.

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H., being a tobacco user, began to chew small chews of tobacco, swallowing the tobacco juice, and then the tobacco for a few days in succession, when the worm was passed entire. I should think it a rough remedy on worm and patient, although I have fed my horses tobacco to expel worms often, which never failed to rid the horse of worms. Usually I gave one to two teaspoonfuls of fine dry tobacco twice a day in their food. As it worked well with Mr. B. C. H., it might do so with any tobacco user. I know it to be a certain remedy for worms in horses. The novelty of the remedy is my excuse for writing this note.

I. HUMPHREY, M.D.

Fairbury, Nebraska.

Dental Anesthetic.

Editor MEDICAL WORLD:—If Dr. DeKay will try the following as a local anesthetic in extracting teeth, I venture to prophesy that both the doctor and his patients will be pleased with the results:

℞. Morphinæ sulphatis
Acid carbolic
Chloral hydrat
Cocainæ hydrochlor.....aa gr. v.
Aq. rosæ.....flv. dram v.
M. S.—Inject m ij in the gums for each tooth.

I found the above "R" in Saunder's Pocket Formulary. Have used it many times and my patients state that its efficacy is by no means doubtful.

I do not know of a single case where sloughing has followed its use.

Occasionally its use causes a severe headache, but this yields readily to a dose of acetanilid.

DR. C. A. PATTERSON,

Masonville, N. Y.

Tonsilitis.—Enlargement Reduced.

Editor MEDICAL WORLD:—I have a case of tonsilitis which I wish to report, as no class of cases in my entire practice has given me more trouble than the above. A young girl aged fourteen has been suffering from two to four attacks of acute tonsilitis every year for the last five years. When I first saw her she was suffering from an acute attack, which went on to suppuration. After all the acute inflammation had passed away, her parents appealed to me if it were possible to keep the little patient from having to undergo such a severe ordeal again. Having had considerable experience in this practice, and as above stated, that my treatment was not very satisfactory to myself, I was very guarded as to my promises to the parents what I could do. I advised excision with the ecraseur, using cocaine to deaden the pain, but they would not consent to any such measure, so I was forced to undertake some other measure, not quite so radical. I found the tonsils very much enlarged, protruding beyond the anterior and posterior pillars, the surface of the tonsils were irregularly indented by cicatricial retraction and yielded, on pressure, yellowish plugs of a cheesy matter which was contained within the follicles. Prof. Gerster states that these yellowish plugs or masses are swarming with leptothrix and other micro-organisms, and the presence of these is undoubtedly at the bottom of the so called disposition to catch the disease. Having noticed in one of my medical journals that Dr. Hunter McGuire, of Richmond, reported the successful treatment of several cases of chronic tonsilitis, by cataphoresis or the use of iodine, with the galvanic current, I concluded to try it and I am much pleased with the result. The tonsils are now reduced to less than normal. She now goes where and when she pleases as other children do. That spongy, honey-comb appearance so common in follicular tonsilitis has all gone, and the parents as well as myself, feel very proud of such results. Thanks to Dr. Hunter McGuire and all progressive physicians; for if we can relieve suffering humanity it is our own duty to do so, even though we have to walk in the path blazedout by others.

Hoping that some other brother may be able to report some cases of a similar nature, and that by the antiseptic treatment we may be able to prevent the recurrance of many diseases that the human family are subjected to.

J. M. APPLEWHITE, M.D.

Corvallis, Oregon.

[Will the Doctor describe exactly how he used the iodine, and with which pole?—ED.]

The Color of the Blossom Bears No Relation to the Physiological Effect of the Plant.

Editor MEDICAL WORLD:—The study of plants and herbs opens to the student a fund of pleasure and profit that is almost endless. Having studied closely the medicinal action of several plants seldom used in medicine and finding no universal law could be applied to plants in general, I was quite surprissd to read the article "Is it a Coincidence Merely?" (page 91) and that a little observation had not corrected the writer's theories.

Of plants which act specifically on the liver and yet do not bear *yellow* blossoms, mandrake, rhubard and sanguinaria might be named. So, too, with the brain sedatives hyoscyamus, cannabis indica and humulus, none of which bear blue blossoms.

While these examples will show that the rules given are false ones, yet my main object in writing this article was to mention the fact that, in original investigation of local plants, and their ac-

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tions upon the system, is a path in which few travel yet in which lies more chance of great good than any specialty now followed. In my county there are many plants growing which are unknown when seen by the physicians, yet daily prescribed by them in tinctures, extracts, etc. Such being the case, is it to be wondered at that there are numerous plants not officinal, which, if carefully studied, would take rank with our most valued drugs?

Andover, N. J. S. B. STRALEY, M.D.

Was It Original?

Editor MEDICAL WORLD:—In the April number of THE WORLD I find an article entitled, "A Case of Literary Forgetfulness," and stating that the aids for memorizing doses was original with Dr. Wiggins, and that it was first published in THE WORLD about 1887. So I began to look for them, and at last found them in THE WORLD for 1886, page 267 of August number.

This set me to thinking that I had seen such aids many years ago, and I now find that I have a book entitled "Lessons on Prescriptions and the Art of Prescribing," by W. H. Griffiths, No. 2 Upper Fitzwilliam Street, Dublin, and published in 1877, nine years before Dr. Wiggins' list was published in THE WORLD. This little book was given to me by a medical friend in London, and at that time was a great help to me.

I have long thought that there was "nothing new under the sun," and that a large number of the American physicians are at least ten years behind the times, and should be slow to claim originality for their writings. Dr. Wiggins' aids will no doubt be of use to the student and young practitioners, but they should be given to understand that they are nothing new.

I have been a subscriber to THE WORLD since 1886, and take several other journals, and would like to take two or three good pharmaceutical journals, could I find real practical ones, and will the editor of THE WORLD be so kind as to give me the names of some of the best ones? I have no doubt that there will be other kickers against the originality of the aids, when once the kicking is started. Let us hear from them.

WM. A. POOR.

252 Winsar St., Cambridgeport, Mass.

[Will the publishers of our best pharmaceutical journals please send a sample to the doctor? —ED.]

EDITOR MEDICAL WORLD:—The contents of THE MEDICAL WORLD are worth ten times the price of it.
Reading, Pa. JNO. STEPHEN, M.D.

Editor MEDICAL WORLD:—Several years ago I devised the "table for memorizing doses," a copy of which I enclose herewith, clipped from the *College and Clinical Record* of Philadelphia. Perhaps it will interest your readers:

TABLE FOR MEMORIZING DOSES.

BY F. H. BOUCHER, M.D.,
Of Marshalltown, Iowa.

The following table may be found useful to both practitioner and student:—

NAME.	DOSE.	EXCEPTIONS.
Water, Infusions,	oz. j to ij.	Aqua Ammoniæ and Aqua Laurocerasi aa m x to xxx. Infus. digitalis, fl. dr. ss to j.
Elixirs, Mixtures,	dr. i to ij. oz. ss to j.	None. None.
Acids (Dilute), Poisonous tinct	mv to xx	Acid. Hydrocyanic. Dilut. Tinct. Aconiti Radicis, aa mj to v.
Syrups, Spirits, Wines, Non-poisonous Tinctures, Non-poisonous Fluid extracts	dr. ¼ to j.	Vinum Opii, mv to xv.
Solid Extract, Poisonous,	gr. ½.	Extract. Physostigmatis, gr. $\frac{1}{4}$ to ½.
Fluid Extracts, (Poisonous), Powders, Pills,	m or gr. ij to x.	Fluid Extracts of Aconite, Belladonna, Calabar bean, Cantharis, Ignatia, Pulsatilla, Veratrum Viride. aa mj to iij.
Essential Oils,	mj to v.	None.

F. H. BOUCHER, M.D,
Marshalltown, Iowa.

Why Didn't She Die?

Editor MEDICAL WORLD:—On the morning of March 6th I was sent for to attend Mrs. B., who, to use the expression of the messenger, "had been trying two weeks to have a baby." Found Mrs. B. to be a woman of 25, rather slight and delicate, and mother of two children. The husband stated that his wife's previous confinements had been easy and normal, without medical attendance. He stated that *fourteen days* previous to my being called, strong labor pains began and continued until there was a free escape of liquor amnii, when pains ceased and his wife arose and did her housework for the eleven succeeding days; then (three days before my call) pains again came on, one of the child's hands was expelled, and the case remained *in statu quo* for the succeeding three days.

No help whatever had been called in during these fourteen days. The house was an old, half-decayed, log shanty of a single room, and indescribably filthy. I found upon examination a shoulder (left lateral) presentation, the protruding hand giving evidence of putrefaction; the mother's condition was serious, threatening instant collapse. I at once administered whisky, quinine and opium, applied hot compresses to feet, and in forty minutes produced a decided change for the better. The patient complained but little of pain, if let alone, but the

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parts were so hot, dry and exquisitely sensitive that any effort at examination threatened convulsions. Reaction secured, chloroform was administered, podalic version accomplished, and birth consummated, and placenta at once removed.

The child, a large female, must have been dead for days, as decomposition was well under way.

The placenta would not hold together to remove, and "smelled unto heaven." Uterus thoroughly washed out with hot water and solution of permanganate of potassium. Very moderate amount of flooding; no cloth in the house for a binder; no change for bed; no suitable food; no nurse, and four in the bed every night. In a week this woman was doing part of her housework. Why didn't she die?

Pillsbury, Minn. J. F. LOCKE, M.D.

Treatment of Granulated Lids.

Editor MEDICAL WORLD:—If Dr. Hawkins' in his inquiry in March number, page 91, will follow the following treatment in his case of granulated lids, he will most likely produce a speedy and radical cure:

Put the patient under the influence of ether. Evert affected lid and maintain eversion by means of a fixation forceps held firmly in the left hand of the operator. Then with a three-bladed scarificator scarify the granulations; considerable bleeding will follow, but this must be sopped up by means of absorbent cotton balls, saturated with bichloride of mercury solution 1-10000, used alternately with dry absorbent cotton balls. Having scarified well the granulations, then with a pair of roller-forceps squeeze out the granulations, catching up portions of the conjunctiva that are most affected. The squeezing process is best accomplished by the lid being as completely everted as possible and held fixedly in such position by the fixation forceps held in the left hand. Then, with the roller forceps in the right hand, grasped between the thumb and index finger, catch up portions of the palpebral conjunctiva which show redundant granulations between the two rollers of the roller forceps and firmly squeeze, while at the same time gentle traction is made to separate the unhealthy neoplastic growths from the more healthy conjunctival base upon which they stand. When the unhealthy growths have been pretty well loosened and some of them cleared off by the fore-going method, then systematically go over every part that is at all affected. If it be the upper lid that is diseased catch the lid with the roller forceps, so that one roller is on the under surface of the lid while the other is on the upper surface, and beginning at the inner canthus and as far back as the retro-tasal fold, gently, but firmly come forward to the border of the lid, using as counter-traction the fixation forceps. If needs be go over the ground again and again until every trace of redundant tissue has been swept away. If the lower lid be the affected part treat like-wise. When done, douche the eye out thoroughly with bi-chloride of mercury 1-1000, keep patient in bed and apply ice cloths constantly for twenty-four hours and douche out eye three times a day with a saturated solution of boracic acid. At the end of the first day there will be considerable inflammation and edema of eyes, and a white film over the conjunctiva and more or less discharge from eyes, the latter necessitating frequent cleansing with boracic acid solution. At the end of a week the inflammation will have subsided and the discharge will be little, if any. When the inflammation has subsided some astringent solution as glycerine and tannin may be applied to the conjunctiva every alternate day, the eyes being washed with hot boracic solution night and morning. At the end of two or three weeks, or a month, at most, the lid will be completely cured. Patient can get up in three or four days; he must have light, nourishing diet.

In operating, care must be taken not to injure the eye-ball, nor to tear up the palpebral conjunctiva, only the unhealthy growths must be torn away. The operator must be watchful that no remaining growths are left in the corners of the eye, otherwise the operation, as far as I have seen, is a simple and a very satisfactory one.

New York City. W. E. OGDEN, M.D.

Acid Treatment of Cancer.—Cord Around the Arm.

Editor MEDICAL WORLD:—In April number I note on page 129, report of a case of cancer of breast "cured by applications of vinegar," reported by Dr. R. H. Holman.

Several years ago a Mr. C., of this place, had what was said by experts, to be "a cancer," on the base of the nose, above the right ala. By advice of an old negro he applied our common "sorrel" to it, scalded sufficient to wilt the leaves, as a poultice. The applications were kept up for several weeks (three or four), resulting in a thorough cure and no return of the disease, after nine years, to the time of his death. He describes the application as "sheet lightning." I have several times thought I would report the case and ask an explanation of it.

Several years ago a gentleman of 58 years lost the use of his right arm, below the elbow, not being able to lift anything without severe pain, though when at rest there was no pain during the day. At night after retiring he would suffer for two or three hours with a dull

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dead ache in the flexor muscles. He tried by advice of his physician, a number of different applications and medicines with no improvement. His brother one day asked him if he had tried "his mother's old remedy" for that sort of over strain of old men's muscles. "No." "Well let me put it on." So, taking a piece of common cotton twine from the ball on the counter he tied a single strand around the arm next the skin above the elbow, with the remark "you will not know when the pain leaves you." Strange as it may seem, he had no more night pains, and was using his hand in a few days as well as ever. These are all of the facts and *they are facts.* Can Brother Waugh give us a "reason why?" There is much more than is dreamed of in our philosophy, sometimes, and very simple means and remedies are resorted to, by those called ignorant, with success in treating diseases which baffle our scientific teachings.

Under the head of "Inter-marriage of Relations" by blood, I will add to the list one family, within my knowledge, cousins, two of the children, grown women, are badly hare lipped, the third daughter slightly. The son is not in any way deformed. There are some very fine-spun theories that are spread about of late years. Among them that of similarity and dissimilarity as regards marriage. Lack of "good horse sense" is as frequently the cause of mesalliances, both before and after the alliance. Much of the "bosh" we find among writers on "heredity" will come under the same rule.

Brodnox, La. DR. BEN. H. BRODNAX.

[The sorrel affects cancer by reason of the oxalic acid which it contains. The oxalic acid treatment was long ago recommended, but while some cures have been reported, it has not stood the test of general experience. The cord around the arm has its parallel in the clinical fact that severe cramps of the calf of the leg are quickly relieved by tying a cord tightly around the leg just below the knee. In either case the cord most likely relieves by interrupting nerve impulses or by controlling the circulation. At any rate, a little careful scientific inquiry and investigation into the subject is likely to elicit a satisfactory explanation of this as of any other seemingly mysterious physical phenomenon.—ED.]

Treatment of Pneumonia.

Editor MEDICAL WORLD:—I have just read Dr. Waugh's views in regard to the difference of treatment by the profession of pneumonia, and if there is any evidence in it that any large proportion of cases would recover without treatment, I cannot see it.

How it is in Philadelphia, I presume Dr. Waugh knows better than I do, but I know most of the difference is caused by the difference in the climate. As the writer's first preceptor was Dr. Robert Crawford, of Venango Co., Pa., where he began the study of medicine, a little over fifty years ago, and having written his thesis when a student in the Medical Depart ment of the University of the State of Missouri, in St. Louis, on "Bilious Pneumonia," and having had practice in Iowa, Missouri, Kansas, and the Indian Territory, most of the time since 1846, and, as he believes, generally successfully, is of opinion that he knows of what he affirms in the treatment of pneumonia.

If I remember rightly, my preceptor's treatment, fifty years ago, consisted mainly in bleeding, tartar emetic, blistering, calomel, and opium, when indicated. I soon found out in Iowa that tartar emetic was not tolerated, and bleeding, in most cases, was not required. As a rule, my cases of pneumonia were malarial fever with the inflammation of the lungs superadded, and my opinion was formed then that the influence of malaria modifies all diseases in the West, and, as a rule, intermitting, or remitting fever, or a periodical neuralgia, is the principal disease.

If the views stated above are correct, then we can account for the treatment with quinine, but in my opinion, the writer would treat the case for malarial fever of the congestive form, the congestion being of the lungs, and although pneumonia was threatened, inflammatory action was not fully established.

Your correspondents in Virginia, Maryland, and Arkansas, are correct, no doubt, in bleeding, and in some of the mountainous regions of the East, I presume the use of tartar emetic is still proper, but in the West and Southwest we can do better with other remedies. As there are no two constitutions exactly alike, and no two cases of any disease exactly alike, to talk of a routine treatment is simply ridiculous.

The routinist that will cure his patients in this country is the physician who will examine his case thoroughly, and make a correct diagnosis, note the indications to be met, and meet them promptly with the best means at his disposal by a judicious use of alteratives, sedatives, counter-irritants, antiperiodics, and opiates, and stimulants, when required, and in all cases where the above agents are used with sufficient energy, no patient need die in any case where there is sufficient vitality to respond to the action of medicine.

I consider Norwood's tinc. veratrum vir. the best arterial sedative we have, and that it will meet more indications in disease than any other one medicine.

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Blistering thoroughly and largely is a *sine qua non* in bad cases.

C. M. GILKEY, M.D

Marlow, Ind. Ter.

Was it Maternal Nervous Influence (Maternal Impression)?

Editor MEDICAL WORLD:—I was called in het latter part of March to attend a Mrs. S., 24 years old. primipara, in confinement. She gave birth to a full time healthy appearing girl with the first upper molar or bicuspid teeth on each side fully developed. Mother said she had suffered pain in the corresponding teeth herself (from caries) during nearly the whole time of gestation and thinks it was the cause of the of the child's being marked.

Salamanca, N. Y. WELDON DICKSON, M.D.

Inversion of Uterus.

Editor MEDICAL WORLD:—I wish to report a case in your valuable journal, the first of the kind I have experienced in a practice of over four years (and Playfair says: "was only observed once in upwards of 190,800 deliveries") wherein I have delivered about two hundred and sixty women. I was called to see a Mrs. C., ten miles in the country. I found a woman 40 years old, weight about eighty-five pounds, very anemic. I saw her at 11 A. M., she had been in labor from 6 P. M. the evening before. Was having convulsions when I arrived, had had about fifteen.

On examining per vaginam I found head low down in hollow of sacrum in first position. Administered chloroform to relax spasm and relieve pain. Applied (Hodges) forceps at once, and after a half hour of as hard work as I ever had, with the assistance of a negro woman, I delivered a living girl baby weighing ten pounds. The perineum was lacerated considerably, though I tried to guard it. After the child was taken away by the nurse, the mother still insensible and apparently in a dying condition, I gave whisky and fl. ex. ergot hypodermically and commenced the crede method of expelling the placenta.

While kneading the uterus a harder spasm came on, the abdomnal muscles contracted and expelled what I thought at first was the placenta, but found complete inversion of the uterus and protruding six or eight inches beyond the vulva, with the placenta completely covering and attached all over like a hood over a child's head to the neck. After tearing off the placenta, I placed the knuckle of my right middle finger against the fundus of the uterus, and by continued pressure, forced it back to its normal place, keeping my left hand above the symphisis to assist in unfolding it. After replacing it; I saturated a cloth with strong vinegar and squeezed it in the uterine cavity, at the same time kneading the fundus through the abdominal walls with the left hand, gave two more hypodermics of whisky and ergot, when it contracted spasmodically and remained so, for the first time since my arrival. I sewed up the lacerated perineum, removed the chloroform, administered more stimulants internally and externally, and in an hour the lady was perfectly rational.

There was considerable hemorrhage during the operation. This was four weeks ago and she has made a good recovery so far. I was using no traction on the cord, and could not understand why there should be inversion. What seemed strange to me was her recovery after having nearly every complication known in labor. It is needless to say her people were as much elated as the doctor at her recovery.

Reynolds, Ga. JOS. W. ROGERS, M.D.

Complete Invesio Uteri.

Editor MEDICAL WORLD:—On the 4th of February last I was called some ten miles distant in the country to see Mrs. B., aged nineteen, primipara, who had about three hours prior to my visit given birth to a healthy child, at full term. I found her dying, and she only drew a few irregular breaths after I entered her room. The midwife who was in attendance stated that the after-birth had come away in about half an hour after the birth of the child, and immediately following it what she supposed to be a tumor, hence her alarm and request that a doctor be called to investigate matters. An examination revealed the fact that the uterus had been turned completely inside out and was lying at full length between the woman's thighs. The afterbirtn had been separated and disposed of, but the fundus showed distinctly that it had been attached to that portion of the organ. The midwife affirmed that she had not made undue traction on the cord, nor was there anything unusual about the labor further than that it was rather tedious. After examination of the parts I returned the unsightly uterus within the vagina. So far as I can learn from authorities, complete inversion of the uterus is a rare occurrence, and it is for that reason that I have thought best to report this, the only case I have met with in an obstetric practice extending over twenty-seven years.

Wallaceburg, Ont. GEO. MITCHELL, M.D.

Editor MEDICAL WORLD:—"The Physician as a Business Man" is a library in itself. No doctor can afford to be without it, even though it should cost ten times the price asked. Cash dollars represent its value to me to day. LOUIS F. HIGH, M.D., Woodburn, N. C.

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Bleaching Bones.

Editor MEDICAL WORLD:—I notice in last number N. M. Hendricks asks for method of bleaching bones. I use the following with good success:

Clean off all soft parts you can, then place the bones in a dish containing one part liquid soap, to four parts of rain water, boil forty minutes, then pour off the liquid and fill up again and boil one-half hour; then clean off all soft parts you can, then boil over until all the soft parts come off. Let the bones cool so you can handle them. After cleaning off all soft parts, boil in equal parts water and soap liquid one-half hour, to remove grease then rinse clean and let them dry on white paper. For long bones, bore a hole in the end and break up the medullary substance and syringe it out. If skull, take out through the foramen magnum. If you want to disarticulate, boil in soap liquid one-half hour, then fill with dry corn and cork up. To preserve ligaments; first put in soap liquid and get off muscles, being careful and not boil too long, then soak in solution of arsenite of soda, water and glycerine.

Another: Place the bones in box with holes bored in, scatter sugar over them and set close to an ant's nest; they will clean them nicely.

Stockton, N. Y. B. W. SEYMOUR, M.D.

Chloroform Introduced by Cataphoresis for the Relief of Hepatic Colic.

Editor MEDICAL WORLD:—A limited experience with the use of chloroform, introduced by means of the galvanic current for the purpose of relieving pain, led me to try it in the so-called bilious colic, knowing the power of chloroform to dissolve cholesterin and gall stones, and that it had been successfully injected into the gall bladder, for this purpose. I concluded to try its effect by cataphoresis. The cases selected were severe ones which I had treated during repeated attacks, by the usual methods. By this method we have the pain-relieving effects of both, the chloroform and the positive pole, aside from the chemical effect of the chloroform and the electrolytic effect of the current. Even after the stone is engaged in the duct, I imagine the electricity alone might relax its fibre and render the passage of the stone more easy. I used electrodes three by six inches, placing the negative over the dorsal spine, and the positive moistened with water, and afterwards chloroform) directly over the gall bladder, and along duct. Within an hour two applications of ten minutes each were made with complete and permanent relief from pain. In one case the patient became sleepy after each application. A current of ten to fifteen ma. was used.

I am, of course, unable to say whether the relief may be due to the electricity, the chloroform or the local counter irritant effect; probably to all combined. I believe this method entitled to further observation and study, and should like to hear of the experience of others who may try it.

W. N. SHERMAN, M.D., Ph.D., F.R.M.S.
Merced, Cal.

Taking Advantage of the Force of Gravity in the Reduction of Hernia.

Editor MEDICAL WORLD:—I am one of the host of appreciative readers and admirers of THE MEDICAL WORLD; I have just read and appreciated Dr. S. W. Rimmer's successful treatment of an apparently hopeless case of strangulated hernia. The tenacity of life is perfectly wonderful in many instances; where there is apparently not a ghost of a chance for the life of the patient, he rallies and gets well, while others with the very best sanitary surroundings and favorable circumstances dies despite of all medical and scientific aid.

I was called in September, 1889, to see an old man seventy odd years old, suffering with strangulated inguinal hernia of some forty-eight hours continuance; had been abandoned by his medical attendant as a fit subject for a funeral, leaving the old man vomiting, very sore, tender and bruised, more dead than alive, with all hope gone to him and his family.

It was dark when I arrived at his cabin. Had no assistant to give chloroform, and by the one flickering lamp dimly burning, I was able to see the deplorable situation and surroundings of myself and patient. No chance to operate, but I did operate and very successfully, too. Armed with a good Davidson syringe and about one or two gallons of warm soap suds I filled the bowel and sack full to distention with the soap suds. I then had two stout men to mount one of those old fashioned bedsteads, take the old gentleman by each leg, lift him into mid-air with his head downward after the style of a clock pendulum. The effect was magical. The contents of the bowel and the tumor rushed out with the rapidity of a cyclone and the noise of a water-spout, carrying the bowel and its contents to its home in the abdomen quick as a thought, giving instantaneous relief and much rejoicing in that house where there had just been weeping and wailing.

Now, how is this for surgery and science? It beat knifing the old man did it not? I have not seen a case of serotal hernia since, but I'll never forget that dark night and successful, though empirical reduction of inguinal hernia and the rejoicing that came to that house. The

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old man had a copious action from his bowels in few minutes after the reduction of the bowel to the abdomen, slept well, was out the next day chestnut hunting, said he "felt a little sore where those doctors punched him in the belly."

I have no hesitancy in entering my most emphatic condemnation against the intermarriage of relatives (cousins). Some of the most shocking and hideous deformaties and pitiable imbeciles I have ever known were the offspring of cousins marrying.

May THE MEDICAL WORLD always stay on top. It is the best one that comes to this office.

J. A. BURROW, M.D.

Sante Fe, P. O., Tennessee.

Synovitis.—Galvanism for Gleet.—Electrolysis for Rectal Stricture.

Editor MEDICAL WORLD:—With you I agree that Dr. F. T. Field's synovitis was a result, of the injury received on July 18th (December, page 456).

E. O. Perron, M.D., (December, page 457): For chronic gleet, nothing is so good as negative galvanism, applied with an insulated flexible urethral electrode, strong enough to be plainly felt, but not to cause pain, for five minutes.

H. Moscourtz, (December, page 457): I am at present treating a case of rectal stricture of eight years' standing; the patient also has a rectal fistula and recto-vaginal fistula, could only defecate after a cathartic or enema. I used an electrode six-eighths inch in diameter, at first, which passed easily after three treatments. This being my largest, I had a set of olive tips made, respectively seven, eight, nine, and ten-eighths inches in diameter.

I have so far used the seven-eighth inch tip four times.

The first time I used it as follows:

January 9. Positive pole with spiral wire electrode, covered with cotton, to abdomen; negative, to rectum; twenty milliamperes, gentle pressure; passed stricture in twenty-five minutes.

January 13. Same application, passed in ten minutes.

January 19. Same application, passed in four minutes.

January 24. Same application, passed in two minutes.

As the calibre enlarges, I will use the larger tips. Had used bougies, dilators, and many other methods of treatment before coming to me. I have also used the same method for stricture of urethra and uterine stenosis with success. Dr. Robert Newman is the father of the method.

To "Metritis," (December, page 458): Negative galvanism is the best remedy for metritis, gonorrhea, and gleet, I have yet used. Apply either vaginal, uterine, or urethral, positive on some indifferent point. Absolute cleanliness is, of course, essential.

Lima, O. HOMER C. BENNETT, M.D.

Medical Department University, Wooster, O.; '88; Medical College of Ohio, '89.

The Pharmacist's Side of the Question.

Editor MEDICAL WORLD:—I always read your journal with great interest, but found lately the question several times, "Should physicians dispense their own medicines?" See, for example, that of Homer C. Bennett, M. D., Lima, Ohio, April number. Although he gives great many points in favor of the physician's dispensing his own medicine, I think a great many favorable remarks could be made in favor of a good and true pharmacist; for I am sure that each (dispensing and prescribing) requires all of one man's study and attention, and what more would a man be who does both, but a druggist and a physician, and I have seen examples enough, that they either have very little to do or both are a failure, and all is for number one "I".

He says that the medicine is not very expensive, and offtimes cost little more than the container, and a case of ordinary fever can successfully be treated for three or four weeks with from 50 cents to $1 worth of medicine. I find it is always more for that length of time at the best calculation, but, as he says, a doctor gets in the *habit* of using a certain class of remedies (I am sure they are the cheapest and easiest to put up in dispensing, and whatever happens to be most on hand, etc.). But I never find that to be the case when they send in their "R's" for just exactly what they want; no consideration as to price or stock on hand, and I am sure this alone would be a great reason why doctors ought not to dispense their own medicines. For, as a general, rule his time is too valuable to keep up with the stock, dispensing, prescribing, his general practice and other duties. I say, live and let live.

A. M. KOTZEBUE, Druggist.

Moulton, Tex.

"MONEY TALKS."

Dr. J. J. Taylor.—Allow me to say in regard to the "Physician as a Business Man," that I received $5.00 of value from it, ere I had the book fifteen minutes.

Yours very truly, GEO. S. HAZARD, Ph.G., M.D
1 Blue Hill Ave., Boston, Mass.

The price of this money-making and money-saving book is only one dollar. Send to this office direct. See Order Blank, page xxvi.

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Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Editor MEDICAL WORLD:—Will some reader of MEDICAL WORLD kindly give me the therapy of common coal oil? Is there any real virtue in it as a medicine? Should it ever be given internally? Mr. Editor, I cannot get along without your valuable journal.

G. H. THOMAS, M.D.

Springfield, W. Va.

Editor of the MEDICAL WORLD:—Can't you or some of the readers of the WORLD give me a reliable prescription for an aggravated case of "pruritus ani?" I greatly enjoy the WORLD; it is a good journal. R. T. WALKER, M.D.

Cedar Key, Fla.

[See February WORLD.—ED.]

Editor MEDICAL WORLD:—Will some one with experience please to give a reliable treatment for the "tobacco habit?"

Dongola, Ill. J. D. HART, M.D.

Editor MEDICAL WORLD:—On page 136, April number, I notice a cure for tape worms to be made into twelve capsules, but does not say how often they are given. Please give directions in May number.

Garden City, Kan. J. W. HOLMES, M.D.

[The twelve capsules taken at one dose.—ED.]

Diagnosis and Treatment Wanted.

Editor MEDICAL WORLD:—I beg to ask the numerous readers of THE MEDICAL WORLD for diagnosis and treatment of the following case; child, born September 15th, 1888. Parents healthy; mother about twenty-eight years old and father about forty years, nothing unusal about labor—no forceps used, child cried heartily and strong when first born, never nursed the breast. About twelve hours after it was born it was taken sick, vomiting and bowels operating often. It changed its voice at this time and never cried naturally since, began losing flesh from the time it was sick and continued nearly two years, at which time it was very much emaciated. It seemed to have but little use of any of its limbs and seemed to be weak in the back; could use its right arm in a rotating way better than its left; also its right leg. Muscles of the left side are contracted at the present time. When spoken to it makes a very peculiar noise, I can't discribe it very well, but it is something like this: "ah —— ah —— ah and ma —— ma;" Both temporal bones are depressed, right eye turns toward the left. Can't sit or stand alone. When about two months old it had spells of opisthotonus and is, indeed, a little that way yet. October 18th, 1892, had two clonic spasms. It has been costive all its life; the mother gives enemas once a day. Heart beats regularly but very excitable. The child's weight at this time is about thirty-five pounds. I hope to hear from a great many readers of THE MEDICAL WORLD either by private letter or through THE WORLD. A. P. TWIGG, M.D.

Flintstone, Allegany Co., Md.

Current Medical Thought.

Ice Cold Applications.—An Unusual Treatment for Acute Articular Rheumatism.

"I wish to report a few cases with the results of my treatment during the last three or four years. Having used the treatment laid down in our books with the usual results of having my cases last from ten days to three weeks, I tried the use of ice cold applications to the inflamed joints and the salicylate of soda internally. My results have been the most satisfactory, and I shall only occupy your time for a few minutes while I give results in a few of the worst cases I have met since following this plan.

"My first case was a man with both knees and one ankle inflammed; I gave sod. salicylate 15 gr. every two or three hours. Towels taken from ice cold water and applied every five to ten minutes, or as fast as they became warm. His temperature 104°, at my visit next morning was 100°, pain and swelling nearly gone, having entirely disappeared by next morning

[The doctor then reports several other cases and concludes as follows:]

"These are some of my worst cases treated in the last three or four years, with the ice water packs about the inflamed joints. None of them had relapses, and most of them I have known to be free from any attacks of rheumatism since. Not one has had the least sign of heart complications.

"Dr. Bartholow says: 'The acute stage of a rheumatic seizure, if the first one, is not often terminated in an earlier period than two weeks and is more frequently prolonged to three or even four weeks.' Mr. Fuller's cases show under the alkaline carbonates, an average of eleven days, with only two per cent. of heart

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inflammations. While I have not a hundred cases to report, I feel sure if carried out carefully, I can show as good results for hundreds of cases. The average duration of my cases was between two and three days, and with no heart complications, is as good a result as I could wish.

"A word of caution: An old friend of mine used to say to me when I was a boy and working for him, 'anything that's worth doing at all is worth doing well.' Don't apply cold in any other way but *well* and *thoroughly*."—Dr. W. H. Carruthers, before the Minn. State Med. Soc.

Cod-Liver Oil in Rheumatism.

Cod-liver oil has obtained such a definite reputation against tuberculosis and scrofulous affections that we are apt to forget its virtues in other maladies. In the first instance, it was employed against chronic rheumatism, and gained enthusiastic opinions. I have before me the original report in reference to this latter use by Dr. Bardsley, of Manchester, who in April, 1807, wrote that it had then for thirty years enjoyed a very high local reputation. It had been much used in the Manchester Infirmary by Dr. Percival and by Dr. Bardsley himself. The latter reports that it is variable in its efficacy, often in the mild and more common forms not doing any appreciable good. He thought it most useful in chronic cases in elderly persons and in women debilitated by parturition. He thought that it seldom did good unless it fattened. His dose was half an ounce to an ounce and a half twice a day, and he found warm beer to be, with the laboring class, the favorite vehicle. If benefit was obtained, it ought to be continued for six or eight months. He asserts: "I have seen a few patients recover entirely by the exhibition of the oil who on their admission into the house were unable to preserve the body in an erect position, or support its weight on the lower extremities." The profusion with which new chemical remedies have been supplied to us of late years may, it is very possible, have led to the comparative neglect of old ones and that, perhaps, not always to the advantage of our patients.—*Archives of Surgery.*

For Acute and Sub-Acute Rheumatism.

The duty of selecting medicine for the treatment of a case of rheumatism is often perplexing, and may lead him to the necessity of trying one remedy after another until the whole list of therapeutic agents recommended for the treatment of rheumatism is exhausted. In the treatment of this malady in many of its varieties, I have found no prescription equal to the following:

℞ Bi-carbonate potassium
Salicylic acid.
Iodide of potassium.....aa..... .....dr. ij
Tinct. colchicum seed..... .....dr. ij
Syrup orange peel..... .....oz. ij
Aquæ.....oz. v

M. Shake well. Sig.—A tablespoonful every two or three hours, continued until some physiological effect of the mixture makes it necessary to diminish the dose and to lengthen the time between the doses.

The prescription should be compounded in an eight ounce graduated glass measure, as the effervescence which ensues between the salicylic acid and bi-carbonate of potash renders it hazardous to mix in a glass bottle.—Dr. J. B. Johnson, Washington, D. C., in *The Southern Clinic.*

The Bacillus of Acute Rheumatism.

M. Lucatello, of Genoa, claims to have discovered the microbe of articular rheumatism. At the recent Medical Congress in Italy he showed several cultures at different periods of their development and in various media of a micro-organism which he had succeeded in isolating in two cases of articular rheumatism. In one case it was found in the blood, the spleen and in an infiltrated ganglion situated near the affected joint; in the other it was obtained from the effused fluid in the knee-joint. He describes it as small and round, staining indifferently by Loeffler's liquid, and not developing either in the air or in the blood plasma. *In vitro* it will only grow under fairly thick layers of some solid substance or oil, in hydrogen or in vacuo, at a temperature of 37° C. It has no pyogenic or saprogenic properties.—*Review.*

Rheumatic Gout or Arthritis Deformans. (Rheumatoid Arthritis.)

I have recently met several cases of this rare and curious disease. The first case was that of the ossified man, of museum fame, in whom all of the joints except the jaw are anchylosed. There are also cataracts causing blindness. The phalanges have been absorbed so that the hands bend like india-rubber. A remarkable feature in the case was the cheerful and contented disposition.

I have recently seen another case, at the Home for Incurables, a woman of fifty years, well in other respects, of good complexion, who has been an invalid for a number of years. Her knees are anchylosed at an angle of forty-five degrees, so that she can sit in a comfortable position. A number of the phalanges have been absorbed. Otherwise her organs are in good condition.

The third case was in the skeleton of an Indian dug up on the Ferris place, near Madison-

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ville. It had all the signs of the disease, the whole vertebræ being anchylosed, and the phalanges and carpal bones that could be gathered, being coalesced. The junction of the vertebræ was from one articular process to another, and by true bony bridges. The vertebræ, from the third cervical to the sacrum, was in a circle. The specimen is now in the Museum of the Natural History Society.

These cases show that the disease is not one of civilization, and has extended over a long range of time. They have been remarkable as cases of hopeful contentment in the face of a fatal prognosis. The woman has some pain at times, and during the present weather has constant aching. She has, at times, painful paroxysms during the day, for which I have given nitroglycerine with considerable success. The skin is normal, and there are no bed-sores.

Dr. JOHNSON: I have seen another case, in New Orleans, a negro, who has been in a ward for over ten years. He has the same happy, contented disposition. His condition is similar to the others related, the jaw being the only joint not absolutely anchylosed. These cases related represent three races, showing that the disease is not confined to any one race. The negro had formerly been a sugar-planter, working in water.—Dr. F. W. Langdon, before the Walnut Hills, Cincinnati Med. Society. Published in *Lancet-Clinic*.

The Therapeutic Action of Salophen.

Dr. Edmund Koch, in an Inaugural Dissertation presented to the University of Freiberg, reports a large number of cases treated with salophen and gives the following summary of his observations:

If we compare the above results we find that salophen proved most efficient in acute articular rheumatism, where it rapidly and promptly removed the pains, fever and swelling within a short time. We have met with no case where it failed to act. In efficacy it is almost equal to salicylic acid, over which it has the advantages of not possessing a disagreeable taste, and of not being attended by the disturbances so frequently observed during administration of salicylic acid, which so often neutralize the good effects of the remedy. Doses of three to five grammes salophen pro die are amply sufficient in the less severe cases. I am also able to confirm the statement of Dr. Gottmann that the more recent the case the more certain will be the effect.

Although in acute articular rheumatism the results from the use of salophen were very favorable, they were inconsiderable in chronic rheumatism and arthritis deformans. Occasionally it effected some relief of the pains, but permanent improvement was never observed.

As regards the antipyretic effects of the remedy I am unable to give a decision. In the two cases reported, where a high temperature existed, it quite rapidly reduced the fever. At any rate, it may also be tried in cases of fever.

Salophen appeared extremely effective in nervous affections of the most diverse character. In these troubles it acted even in small doses, 0.75-2 grammes, with great rapidity in most cases, removing, or at least, relieving the pain.

In neuralgias it seems an excellent remedy and may be tried as a substitute for other nervines, such as antipyrine, phenacetine, acetanilid. In minor nervous affections, such as headache, toothache, etc., it is also indicated. These observations I find confirmed in an article by Dr. Caminer,* of Elberfeld, which came to my notice after conclusion of my experiments. This observer also tried salophen in various nervous troubles, such as habitual headache, trigeminal neuralgia, sciatica, hemicrania. His conclusion is that salophen is a prompt analgesic in various neuroses, and that no toxic effects were noted in any cases observed by him.

As above stated I have not investigated the antiseptic and disinfectant action of salophen.

If in brief I formulate my conclusions the following may be said:

In acute articular rheumatism, salophen has a specific effect almost as marked as that of salicylic acid.

In chronic articular rheumatism it is less effective, but may be employed as substitute for other remedies, since it relieves the pains, at least at the beginning of its administration.

In the most diverse nervous disorders it exhibits an excellent analgesic effect.

Disagreeable after-effects are never seen in doses of three to five grammes which are amply sufficient.

The Growing Popularity of Physiological Remedies.

Abroad and at home physicians are taking a very great interest in what are termed physiological remedies.

The *London Lancet* and *British Medical Journal* teem with reports and consider physiological remedies the greatest therapeutic triumph of the age.

To quote from the *London Lancet*, February 4th, 1893:

"Those who were fortunate enough to be present at the last meeting of the Clinical So-

*Observations on the use of salophen. *Therap. Monatsh.*, October, 1892.

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ciety of London had the advantage of seeing living examples of what cannot but be considered as one of the greatest therapeutic triumphs of the age. This is no exaggerated description of the marvelous effects of the treatment of myxedema by the internal administration of the thyroid gland or of an extract made therefrom. The patients exhibited by Drs. Arthur Davies, Pasteur and Calvert had within a few weeks of the commencement of the treatment presented all the characteristics and symptoms, physical as well as mental, of typical myxedema; and, according to what is known of the natural history of this remarkable affection, they would have been fated to pursue a continuously downward course had they only been met with in the earlier years of the recognition of the disease. It is, of course, too soon to speak of the recovery from the marked symptoms in these cases as permanent; but at least it can be said that the results of this treatment exhibit nutritional changes of a wide-reaching order and open up a vista of the possibilities of the treatment of chronic disease which is wholly novel and striking. As to these particular cases, it may be remarked that they were treated on the same principal, but with differences in detail. Dr. Davies availed himself of a powder prepared by the desiccation of glycerine a extract of thyroid glands; Dr Pasteur administered portions of thyroid gland in the raw state at given intervals; and Dr. Calvert's patient was similarly given portions of fried thyroid. Dr. Murray, of Newcastle, was present at the meeting and recapitulated his experiences on subcutaneous injections of thyroid extract. It would seem that in any one of these ways of administration the result is much the same. Within a short time of the commencement of treatment the patients begin to lose the characteristic phenomena of the disease. Not only do their features lose the puffy character, but their hair begins to grow again and their intellect to brighten. These obvious indications of improved nutrition are accompanied with an increased discharge of urea, a very marked loss in weight, and a general sense of improved health. No doubt full records of these and other cases will in due course be laid before the Clinical Society, which has done so much to diffuse a knowledge of this affection. The earliest cases were related before this Society by Sir W. Gull, and then came Dr. Ord's contribution to the subject, and finally the exhaustive report of the special committee. Is it not worth while to reappoint that committee so that it may supplement its previous labors by a study of the new development of the subject?

"The history of this mode of treatment of myxedema is an excellent example of deductive reasoning. To Mr. Victor Horsely, we believe, belongs the credit of suggesting that this "cachexia strumipriva" might be rationally relieved by means of transplanting a thyroid body or portions of it from the living sheep into the subcutaneous tissues of the myxedematous subject. The hint was acted on both in this country and abroad, but only with equivocal success. About twelve months ago, Dr. W. Murray conceived the idea of injecting subcutaneously the supposed active principles of the thyroid gland by using a specially prepared extract, and his results were far more successful than those of thyroid grafting. Then more recently, Dr. Hector Mackenzie, at the Royal Free Hospital, treated myxedema by simply feeding the patient on thyroid glands, and at his suggestion there was prepared a pharmaceutical preparation to be administered by the mouth, which was that used by Dr. Davies. In all cases the result was the same, so that there is no escape from the conclusion that, whatever its precise pathology, the thyroid gland does impart to the blood something which neutralizes the tendency to myxedematous degeneration and even removes the latter after it has been produced. It is this which is a new fact in therapeutics, and it is gratifying to find so striking a confirmation of a theory based upon experimental and clinical observation. None the less is it highly remarkable, for it shows, as we think Dr. Ord originally surmised, that the whole secret of the physical and mental deterioration lies in the excess of mucous degeneration of the connective tissues.

"Whenever any new remedy is tested, the first and most natural inquiry must be as to whether it exerts any noxious influence sufficient to counterbalance the advantages of its remedial action. Now in the matter of this treatment of myxedema, it seems at first sight that changes so rapidly induced can only be effected at some risk to the vital powers. So far these cases go to prove, however, it is not so much the rapidity with which the improvement takes place as the quantity of the substance administered that is open to risk. It is a question of dosage, just as is the case with any other remedy. This was proved in Dr. Pasteur's case and in one mentioned by Dr. Ord. An excessive dose or too frequent repetition of the quantity given produced cardiac irregularity, syncopal attacks and other alarming symptoms. It is as well to draw prominent attention to this, since there seems to be no reason why a successful result should not be attained with a carefully guarded administration. Is the "cure" permanent? It is premature to speak affirmatively with regard to this point. Dr. Murray intimated that when the injections were withheld the patients were liable

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to relapse. Dr. Pasteur, on the other hand, had observed no such falling back after the treatment had been suspended for a time. As to the best form of administration, seeing that such excellent results are obtained by the simple consumption of the thyroid gland, it would seem unnecessary to use it in the form of extracts for hypodermic injection or even as a powder for administration by the mouth.

"It is by no means improbable that cases such as these will give an impetus in the direction of the use of animal extracts for the treatment of chronic diseases; but we are far from sanguine of good accruing therefrom. Indeed, ever since Dr. Brown-Sequard introduced to notice his observations upon the tonic and restorative action of the subcutaneous injections of testicular juice, there has been a growing tendency to look for remedies in this direction. We are far from denying that the method is wholly inoperative, although we may be skeptical as to its power to avert natural decay."

Manufacturers abroad are already supplying a pharmaceutical preparation of the thyroid gland which is claimed to be a specific in myxedema, and we learn that Parke, Davis & Co. have been experimenting with this and other physiological remedies and were the first drug manufacturers here to introduce them to the profession.

Desiccated thyroids are in the form of impalpable powder representing in permanent form the thyroid glands of sheep. This product is of such strength that fifteen grains represent one gland of the average size. Desiccated thyroids are highly recommended in the treatment of myxedema.

Cerebrin is prepared after the formula of Dr. William A. Hammond, and is put up in glass-stoppered ounce vials. While Dr. Hammond has recommended maceration of the brains for six months, we have modified his method in such manner that we are enabled to thoroughly extract the crude material in as many days.

One serious drawback to the use of these products has been the difficulty in getting the necessary crude material, and the disagreeable character of the work involved in their preparation.

Again, it is only by the most scrupulous attention to the minutest details that asepsis in the finished article can be secured and assured.

The well known reputation of this house is a guarantee of their ability and intention to fulfil every requisite. We do not doubt that many interesting results will follow the treatment of myxedema by desiccated thyroids.

It is proposed to extend this list from time to time. Descriptive literature of those announced will be supplied on application.

Treatment of Acute Tonsillitis and Pharyngitis by Anti-Rheumatic Remedies.

Acute tonsillitis is an affection of such frequent occurrence that whatever remedies have the power to modify the natural course of the disease, mitigate, or relieve the sufferings, deserve a fair and unprejudiced trial. The tonsil seems to be an organ without any particular physiological use, so far as the human economy is concerned, or at least persons deprived of their tonsils enjoy just as good health as before. It affords, however, a very vulnerable point for acute inflammation to attack.

The etiology of acute tonsillitis is yet a matter of some doubt. While some authorities attribute it to a neurotic influence, the most observers agree that exposure to cold and damp air, especially after fatigue or free perspiration, especially in persons predisposed to the affection, is the principal cause for disease. Persons who have experienced one attack, are very liable to a recurrence whenever the same causes are encountered. Acute tonsillitis is closely allied to acute articular rheumatism, as any person observing a number of cases will ascertain. In the majority of cases some pain—oftentimes very acute—will be experienced in the joints of those suffering from tonsillitis. The morbid products in the blood which give rise to acute rheumatism, must assuredly be very similar to those which give rise to tonsillitis, for the two diseases are associated too often in the same person for mere coincidence.

The line of treatment formerly much in vogue, (saline cathartics, followed by antipyretics and vascular depressants as aconite, veratrum viride, etc.,) gave fairly good results, but was generally followed by suppuration in from four to eight days. The most lauded, and perhaps most frequently prescribed of all remedies for this disease to-day, is guaiac; and by referring to any author on therapeutics, we find the principal indications for the use of guaiac to be acute or chronic rheumatism. I believe, however, the best results are obtained by first administering calomel, as follows:

R. Hydrarg. chlor. mite ..... gr. ii.
Sacchar. lact. ..... gr. x.
M. In pulv. no. x div
Sig.—One every hour till bowels operate freely.

Then follow with this prescription:

R—Tr guaiac } ..... aa ounce ij
Glycerin. }
M. Sig.—One t aspoonful every two hours, and apply locally finely powdered gum guaiac or bicarbonate of soda.

The ammoniated tincture of guaiac may also be prescribed in half drachm doses, taken in a little milk, used as a gargle and then swallowed.

The above will be found a very satisfactory way of treating the disease in adults, and will

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usually prevent the inflammatory process from undergoing suppuration, if begun in time.

Gougenhein, in an article in *Annals des Malades de l' oreille du larynx*, highly extols the use of salol, given in divided doses in twenty-four hours not less than sixty grains. It has also been used in acute rheumatism very extensively in the past few years, and I can add my personal knowledge of its usefulness by trial in a limited number of cases.

In children, however, after using the calomel, or some other cathartic, as recommended for adults, salicylate of soda will then be found the remedy par excellence, especially when there are considerable fever, restlessness and associated pains in other parts of the body. Now, acute tonsillitis is not a common disease in childhood, if the disease as seen in adults be taken as the standard. But in childhood we always have associated with inflammation of one or both tonsils, injection of the whole of the fauces; also numerous yellowish white spots of inspissated secretion from the follicles may appear upon one or both tonsils.—J. D. Lower, M.D., Bakersville, O., in *Columbus Med. Journ.*

[The Doctor describes several cases resulting in rapid recovery in which the above remedies and cimicifuga were used as indicated.—Ed. M. D.]

While breaking off from the habit of chewing tobacco, Dr. Trask advises that the patient take a chew of coarsely powdered gentian root, about equal to the ordinary quid of tobacco, after each meal. Within a few weeks the cure will be complete if the patient has strictly abstained from tobacco during that time.

[The following articles were received rather late, and, as they bear upon the subject in hand, we place them in this place rather than omit them.—Ed.]

Chronic Rheumatism.

Editor Medical World:—In the treatment of chronic rheumatism, I have found kali iodidium signally useful. I usually combine it with some one or more of the following drugs, as may seem indicated. Vin. colch. sem. tr. cimicifuga, fld. ext. sassaparilla, or tinct. guaiacum. Any of them may be used as a vehicle and valuable adjuvant. I think most cases need powerful reconstructives, notably, tinct. ferri chloride, cod liver oil and hypophosphites. In patients coming from malarial localities, with some of the prodromes of malarial cachexia, preparations of arsenic, with other tonics, have given beneficial results.

As an old rheumatic joint is frequently made to ache by sudden chilling and exposure in a damp, cold atmosphere, the function of the skin being thus suspended and excretory products retained, I have had good results immediately follow measures promoting diaphoresis, such as a hot air bath, or a dover's powder.

Will some reader acquainted with the electropoise, tell what it is and of its merits or demerits.

Woodburn, N. C. Louis F. High, M.D.

Acute Rheumatism.

Editor Medical World:—Acute rheumatism in this section is of a tolerably rare occurrence, in fact, it is unaccountable why we have as small a percentage of cases as we do, considering our humidity, etc. The chronic form is quite commonly met with among men and women past middle life, mostly the former.

When I do meet with a case of acute rheumatism, however, I find that I have my hands full, for I am sure to have a complication of this disease with malarial fever.

My treatment is entirely rational; if my patient is sthenic or asthenic, syphilitic, scorbutic, or strumous, etc., I am guided considerably by these facts, and right here let me say that the physician will often have to rely on his own judgment, for some patients will never admit their chronic ailment. I try, as far as possible, to place my patient in a condition of regular temperature as to surroundings, for I consider this very important. Then I insist on a perfectly digestible diet, keeping an eye single to causing an alkaline condition of the system in this direction, thus aiding my medicament. I consider a combination of sodium salicyate, salol, acetanilid and quinine almost a specific for this malady in this climate, though I often prepare the system with mineral or vegetable alteratives as the case may be, giving notice to the peculiar diathesis or complicating and coexisting conditions of each patient.

I have practiced of late punctures of five or ten grain doses of natrium bi carbonate C. P. in solution near affected parts with considerable success.

I have found acetanilide of first-class benefit in hyperpyrexia. I seldom find strong mustard plaster to fail in relieving the local pain, preferring them, if possible, to blisters. If I use a liniment it is simply to humor the patient, though linimentum iodi comp. is a specific for the swelling after the most acute period is past.

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I lay down a few rules which I think will probably be of some aid to the younger practitioners of medicine.

Rule 1st. Try and satisfy yourself thoroughly as to the condition of your patient exclusive of the rheumatic affection, then study the rheumatism.

Rule 2nd. Do not try abortive measures, lest you have the metastatic phase of the disease, which is the most fatal form. Strive rather to eradicate than to repress in your efforts to cure; then you need have no fear of a relapse, which is so trying to both physician and patient.

Rule 3d. Let your first efforts be directed towards a stimulation of the whole secretory apparatus, paying particular attention, also, towards husbanding the strength of your patient.

Rule 4th. Place your patient on a strict tonic treatment during convalescence, insisting on his adherence, thus entirely eradicating the disease.

You will find sodium salicylate, salol, phytolacca, salicylate of quinine, and a host of other remedies recommended by authors on this subject, but you will have to be guided in your treatment by the varied aspects of each individual case, meeting complications as they arise with the treatment necessary for each symptom.

I am of the opinion that if the mild chloride of mercury were thoroughly tried at the outset of this disease, guarding it with natrium bi-carbonate C.P., we could completely control it, of course using the specifics as indicated.

However, there is such a deep-rooted predjudice to this grand old chemical combination that I have never had as yet a fair chance at a trial of its whole virtues in the premises; though I think in the future I will come nearer my desire.

L. H. DAVIS, M.D.

Harrisburg, Ark.

Formulas.

ACUTE GOUT.—Professor A. L. Loomis prescribes:

R. Pulv. ipecac.....gr. j.
Ext. colchi acet.....gr. j.
Calomel.....gr. j.
Ext. aloes.....gr. j.
Ext. nux vom.....gr. ¼.
Ft. pil. 1.
Sig.—One every three hours until the specific purgative action of colchicum is obtained.—*Doctor's Weekly.*

NEURALGIA AND RHEUMATISM.

R. Tinct. iodine comp.,
Aquæ ammonia.....aa dram iss.
Pulv. camphor.....dram ij.
Chloroform.....ounce ss.
M. Sig.—Rub bed in three or four times a day.
—*Baltzell, Ex.*

RHEUMATISM.—The following prescription is a good combination in rheumatism. I have tested it personally, and know whereof I speak:

R. Pot. iodide.....dram iiss.
Tr. cimicifuga.....ounce iss.
Vin. colch. sem.....ounce j.
Fl. ext. henbane.....ounce ss.
Simple syrup.....ounce v.
M. Sig.—Teaspoonful well diluted with water every four hours.—Dr. Conger in *N. E. Med Monthly.*

SCIATICA.

R. Ol. Gaultheriæ,
Ol. terebinthinæ.....aa dr. iv.
Syr. acaciæ.....oz. ij.
Aq. cassiæ.....q. s ad. oz. iij.
M. S.—Teaspoonful 3 or 4 times daily.—*Prof. Dana.*

CHRONIC RHEUMATISM.—Dr. Staple esteems a mixture thus composed:

R Potassii bicarb.....gr. xv.
Potassii iodidi.....gr. iij.
Tinct. hyoscyami.....*m* x.
Spr. chloroformi.....*m* v.
Infus. gentianæ.....f ounce ss.
M. Sig.—Ft. haustus, ter in die.—*Hospital Gazette.*

ARTICULAR RHEUMATISM.

R. Acidi salicylici,
Sodii boratis.....aa dram iss.
Glycerine.....ounce ij.
M. Heating the glycerine and dissolving the other ingredients therein.
Sig. Teaspoonful every four hours. The patient should feel the characteristic dryness of fauces within ten or twelve hours.

The dose may be increased or diminished, as desired.—*Med. Brief.*

RHEUMATISM.

R. Potassii iodidi.....drams iij
Vini colchici seminis.....ounces j
Tincturæ opii camphoratæ.....ounces j
Tincturæ stramonii.....drams vi
Tincturæ cimifugæ.....ounces iij
M. S.—Teaspoonful three or four times a day.

MUSCULAR RHEUMATISM.

R. Ammon. chl rid.....dram i
Ext cimicifugæ.....fl. ounces ij
Syrupi.
Aquæ lauro-cerasi.....aa ounces i
M. Sig.—Teaspoonful three or four times a day.
—*Prof. Bartholow.*

CHRONIC RHEUMATISM.

Dr. N. S. Davis, of Chicago, gives the following formula:

R. Acid. salicylici.....drams ij
Resorcin.....dram j
Extr. cascar. sagrad.....gr. xxv
Codeiu.....gr. xv
M. ft. in capsule. No. ix.
Sig.—One capsule before meals and at bedtime.
—*Lancet Clinic.*

CHRONIC RHEUMATISM.

The following appear in the *Medical Bulletin:*

R Tinct. guaiaci eth.....ounce j
Tinct. cannabis indicæ eth.....drams v
Tinct. colchici eth.....drams ij
M. Sig.—Twenty-five to thirty drops on sugar, every four hours.
—*Atlee.*

R. Linimenti aconiti (B. P.),
Linimenti belladonnæ.....aa drams ij
Glycerinæ.....ad ounces ij
M. ft. linimentum.
Sig.—Apply locally over the seat of pain.
—*Fothergill.*

R. Potassii iodidi.....drams j-ij
Aquæ cinnam mi.....ounces ij
M. Sig.—Tablespoonful, thrice a day.
—*Hartshorne.*

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R. Liq. potassii arsenitis,
Potassii iodidi.....aa drams ij
Syrupi simplicis.....ounces ij
M. Sig.—A teaspoonful, after meals.

—*Da Costa.*

R. Olei monardæ.....ounces ss
Tincturæ opii.....drams ij
Tincturæ camphoræ.....ounces ij
Fiat linimentum.

—*W. Atlee.*

RHEUMATISM.

Dr. Hebbing (*L' Union Med.*) employs the following as a local application in the treatment of rheumatism:

R. Salol
Sulphuric ether.....aa drams j
Collodion.....ounces j
To be applied around the joints which are affected by acute rheumatism.

—*Coll. and Clin. Record.*

R. Tr. Aconiti.....dr. i
Tr. opii
Chloroformi.....aa oz. ss
Lin. saponis.....ad. oz. vi
M. Ft. liniment.

SPRAIN LINIMENT.

R. Olei terebinthinæ
Acidi acetici.....aa oz. ij
Olei lavendulæ.....dr. i
Vitellum ovi
Aquæ.....ad oz. xvi
M. S.—Apply two or three times daily.

Watts' Antirheumatic Pills have the following formula:

Aloes, powdered.....4 drs.
Gamboge, powdered.....4 drs.
Hellebore, black powdered.....3 drs.
Guaiacum, powdered.....30 grs.
Calomel.....20 grs.
Antimony sulphide, precipitated.....15 grs.
Oil of Cloves.....30 min.
Soap.....1 dr.
Spirit of camphor, sufficient.
Mix, and make into 144 pills.

ACUTE RHEUMATISM.

Dr. F. LeRoy Satterlee (*Med. Record*) recommends the following treatment:

R. Euonymin.....gr. ½
Podophyllin.....gr. ½
Aloin.....gr. ½
Ft. pil. 1.
Sig.—Give night and morning, as necessary.

Give alkalies till saliva is alkaline. Following is a useful combination:

R. Lithii benzoatis.....drams ss
Sod. brom.
Potas. carb.....aa drams ij
Potas. acet.....ounces iss
Sodii phos.....ounces ss
Syr. zingib.,
Aq. menth. pip.....aa ad. oz. vj
Sig.—Drams ij to ounces ss in water, four hours after meals.

For antipyretics use antipyrine gr. x and digitalis gr. j combined. For analgesics use phenacetin or antipyrine, and if necessary a combination of morphine, bromide, and chloral. Give alkaline mineral waters copiously. Give tonics, the following being excellent:

R. Tr. ferri chlor.....drams iv
Tr. nuc. vom.
Ac. phos. dil.....aa drams ij
Syr. aurantii cort.....ounces j
Elix. calisaya.....q. s. ounces ij
M. Sig.—Ounces j in water t. i. d. before meals.

If heart weakens, use following.

R. Spts ammon aromat.....ounces iij
Ammon. carb.....drams j
Tr. cardamon.....ounces j
Tr. nuc. vom.....drams iij
M. Sig.—Drams j t. i. d.

For topical application use:

R. Tr. aconit. rad
Tr. arnicæ.....aa ounces ss
Chloroform.....ounces j
Tr. saponis camph.....ounces ij
M. Sig.—Apply locally

Exclude nitrogenous foods. Salicylates, baths, and massage are of doubtful value.—*Coll. and. Clin. Rec.*

RHEUMATISM.

R. Peabody's mixture.
Acid salicylici.....drams ij
Ferri pyrophosphat.....drams j
Sodii phospha.....drams j
Aquæ, q. s. ad.....ounces viij
M. Sig.—Tablespoonful every two hours.

CHRONIC INFLAMMATION OF THE THROAT.

R. Vaseline.....ounce j.
Eucalyptol, (Sander & Son).....gtt. v.
M. Spray.

FORMULAS ASKED FOR:

Burdock Blood Bitters.
Armstead's Chill Tonic.
Locher's Renowned Rheumatic Remedy.

LUMBAGO.

R. Syrup acid hydriodic (Hostelley's).fl. ounces v
Extd. extract cimicifugæ.....fl. drams vj
M. Sig. Teaspoonful four times daily.

Reviews.

SCENES FROM EVERY LAND. A Photographic Panorama of the World. Published by Mast, Crowell & Kirkpatrick, Springfield, Ohio.

It is with pleasure and satisfaction that we commend to our readers this magnificent volume. It consists of a portfolio of full-page photographic views (over five hundred in number) of places and scenes of interest in every city and country of importance in the world, with descriptive text edited by Thomas Lowell Knox. Here we have the notable buildings, historic structures and localities, and the select landscape scenes and wonders of nature, which one would wish to see in an extended tour of the world. The introduction by General Lew Wallace is sublime and entirely appropriate. The descriptive text is plain and explicit, as would be assured by the list of excellent writers, such as Revs. E. E. Hale, Russell H. Conwell, Washington Gladden, C. H. Payne, S. F. Scovill, and J. H. W. Stuckenburg, Hon. Henry Watterson, W. C. P. Breckenridge, and many other learned and gifted travelers. The very large illustrations rendered necessary a pretty large book; we do not know how we can properly give you a definite idea of the size better than by stating the measurement—11 x 15 inches. The book is elegantly bound, with gilt edges. Persons of education and culture will highly appreciate this beautiful volume. We do not know the price; address the publishers.

A TEXT-BOOK ON THE THEORY AND PRACTICE OF MEDICINE; BY AMERICAN TEACHERS. Edited by William Pepper, M.D., LL.D. In two volumes. Volume I now ready. W. B. Saunders, 913 Walnut Street, Philadelphia. Price per volume, $5, cloth; $6, sheep; $7, half Russia. Sold by subscription only.

The names of the following list of authors of the different departments of this great work will be quite sufficient to insure its high character: J. S. Billings, Francis Delafield, R. H. Fitz, J. W. Holland, E. G. Janeway, H. M. Lyman, Wm. Osler, W. G. Thompson, W. H. Welch, J. T. Whittaker, J. C. Wilson, H.

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C. Wood. A careful examination of Volume I shows that the work is up to the highest standards.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. 1893. Price, $2.75. E. B. Treat, 5 Cooper Union, New York.

This is the eleventh annual volume of this very useful work. As a repository of the best medical work of the year all over the world, it is very good indeed. Its work is embodied in the following departments: Dictionary of New Remedies; Dictionary of New Treatment; Sanitary Science; Progress in Pharmacy; New Medical and Surgical Appliances; Publications of the year. The work ought to have a large sale.

THE DISEASE OF INEBRIETY FROM ALCOHOL, OPIUM, AND OTHER NARCOTIC DRUGS: Its Etiology, Pathology, Treatment, and Medico-Legal Relations. Cloth, $2.75. E. B. Treat, 5 Cooper Union, New York, Publisher.

This is a most thorough work, the effort of the American Association for the Study and Cure of Inebriety, of which the genial and talented Dr. T. D. Crothers, Hartford, Conn., is Secretary. By the study of this work the physician may acquire a thorough and competent knowledge of this important subject.

MODERN GYNECOLOGY: A treatise on diseases of women. By Charles H. Bushong, M.D. Cloth, $2.75. E. B. Treat, 5 Cooper Union, New York.

We take pleasure in commending this work to physicians needing a handy reference book on the subject.

CHOLERA: By C. Archie Stockwell, M.D., F. Z. S. In two volumes, paper, 25 cents per volume. Geo. S. Davis, Detroit, Mich., Publisher.

This is another work of the Physicians' Leisure Library. It brings the best of medical literature on the subject right up to date. A notable feature is that the index alone occupies fifty pages.

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METHODS OF PRECISION IN THE INVESTIGATION OF DISORDERS OF DIGESTION. By J. H. Kellogg, M.D. Published by the Modern Medicine Co., Battle Creek, Mich.

A most useful work, in pamphlet form.

THE SOUTHERN CATTLE PLAGUE.

This is a bulletin of the Agricultural Experiment Station of the state of Nebraska, on the subject of Texas Fever, by Frank S. Billings, M.D.

OUT-DOORS. A beautiful pamphlet upon the subjects of Lawn Tennis, Yachting, Terrestrial Flight (Bicycling), Foot-Ball, Base Ball, Horsemanship, Health and Rowing, Canoeing, etc. Price, 10 cents. Address, A. A. Pope, 221 Columbus Ave., Boston, Mass.

THE SOUVENIR HAND-BOOK. Illustrated. The N. Y. Pharmaceutical Co., Bedford Springs, Mass.

THE PACIFIC MEDICAL RECORD. A monthly journal. Published at Portland, Oregon. Price, $2.00 per year in advance.

We find this a bright, well edited journal. We wish it success.

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WHILE writing with all the scientific knowledge of a great astronomer, Camille Flammarion in his marvelous story "OMEGA: The End of the World," which begins in the April number of *The Cosmopolitan* magazine, keeps the reader at the highest point of excitement by his vivid description of the alarm and despair excited by the approach of a comet whose collision with the earth had been declared by astronomers inevitable. The description begins at a time when the business of the world has been suspended, and at a great mass-meeting held in the Institute of France, we hear the discussion of scientists as to the possibility of a second deluge, the drying up of all the surface water of the globe, or the total destruction of human life by cold, together with all the possible phases of death paralleled by the history of the moon. For scientific statement and sensational effect this characteristic production of French genius is unique, and the reader who reads this marvelous story—and if he begins it he will certainly finish it—will have assimilated without effort, a compact store of scientific knowledge. In this way, apart from its absorbing interest, this remarkable piece of fiction will have a distinct scientific value.

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For Ourselves and Others.

ELECTRO THERAPEUTICS.

Dr. W. H. Walling, so well-known to most of our readers as the editor of the Electro-Therapeutic Department of this journal, still continues to teach by correspondence, as well as by receiving students in his office for personal instruction. We know of no better way to become thoroughly familiar with the application of electricity in medicine, surgery and gynecology, than by taking a course with Dr. Walling. He will also receive a limited number of patients at his house for treatment. For terms, etc., address the doctor at 1606 Green St., Phila., Pa.

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Just a word to those good doctors,
Who are meditating deep,
On a paper they are preparing,
Full of thoughts too good to keep—
Boil it down.

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'Tis not words, but facts we're wanting;
Therefore prune and pare with pains
Your scholastic evolution
Till an essence pure remains—
Boil it down.

Let the meeting at Milwaukee
Be a feast for every soul
Who attends. And let the papers
Be as brief as Moses' scroll—
Boil it down.

You'll remember former meetings,
There were papers, less or more,
Hardly worth the time to listen—
We have all been there before—
Boil it down.

Welcome every fresh advancement,
Hail each new discovered fact,
But in writing a description
That attention will attract—
Boil it down.

And remember that discussions
Are of interest all agree;
So your paper should invite it;
Make it short as well may be—
Boil it down.

—W. E. WARD, M. D., *Journal of the American Medical Association.*

THE PHILADELPHIA DOSIMETRIC CO., No. 10 South 18th St., Phila., have some most excellent combination granules. Those for fever, rheumatism uterine tonic, heart tonic, anodyne for infants, "anti-fat," syphilis, impotence, acute cold, and the absolute cure of constipation being among the best.

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"Mamma, if a child should be born on the ocean, to what nation would it belong?"

"Why, to the nation to which his father and mother belonged, of course."

"Well, I know. But suppose his father and mother were not with him. Supposing he was travelling with his aunt?—*Life.*

PERSPIRATION OF THE FEET.

℞ Glycerine.....1 oz.
[Kennedy's ext. pinus can.....1 oz.
Aquæ.....2 oz.
Essence of bergamot.....2 drachms

Mix and apply twice each day. The results are surprisingly rapid and happy.

RUSSELLVILLE, PA., Aug. 6th, 1892.

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THE following quaint inscription is found on an old broken and almost buried tombstone in Chester County, Pennsylvania:

"Here lies the body of Mary,
Wife of Job Rushton,
Who died the 19th of June, 1757,
Aged 39 years.
She bore unto him in 22 years 12 children."

The dame that lieth underneath this tomb,
Had Rachel's face and Leah's fruitful womb,
Abigail's wisdom, Lydia's open heart,
With Martha's care and Mary's better part.

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A FINE sample of Sozoderma soap free by writing to Hall & Ruckel, 216 Greenwich Street, New York, and mentioning this journal.

THE Hastings Truss Co., 224 South Ninth Street, Philadelphia, handle a fine line of trusses and supporters.

HAVE you not yet tried Micajah's Uterine Wafers? Send for samples to Micajah & Co., Warren, Pa.

IN THE RESTAURANT.

Mary had a little lamb
And a piece of apple pie,
And got a check for fifty cents,
Which she considered high.—*Puck.*

COUNTY HOSPITAL, Albany, N. Y.

T. C. Morgan & Co.: Gentlemen—I have used your Liquid Hypophosphites and am highly pleased with them. I consider them superior to any preparations I have used. DR. R. HEENAN,
Resident Physician County Hospital.

INFLAMMATORY RHEUMATISM.—Dr. W. V. English, of Keokuk, Ia., reporting on a case of this nature, writes:

During the past winter a remarkable case of inflammatory rheumatism came to my attention, which was remarkable for its persistency in constantly growing worse while under the lines of well established treatment. Not a whit of encouragement came from the treatment until the patient was confined to Tarrant's Seltzer Aperient as a neutralizer of the cause. Success complete crowned the effort. It is a sensible treatment including the principles of whatever therapeutical means one would employ.

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St. Joseph, Mo.

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SALITONIA is being daily prescribed by the leading physicians of this country, who are profuse in their

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expressions of satisfaction with its prompt and efficient action. As Artemus Ward would have said, "it is a howling success."

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YOUR patient should have Marshmallow Cream to build up blood, bone and tissue. Address The Diamond Laboratory Co., Naugatuck, Conn.

ALUMNOL is a new astringent and antiseptic agent of great promise. Address Schultze-Berge and Koechel, 79 Murray St., N. Y.

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DR. ALBERT RITTER VON CHRZASCZEWSKI, of Sambos, Galicia, Austria, on November 28th, 1892, writes:—Bromidia is superior to all other hypnotics, and is free from all unpleasant effects.

IN CYSTITIS IT HAS NO EQUAL. IN ATONY OF BLADDER, A SPECIFIC. IN GONORRHEA, A CURE.—I find, after using *Sanmetto*, that I am highly pleased with it. In cystitis it has no equal. In atony of the bladder it is a specific, and last but not least, in gonorrhea it will cure the disease in less time than any treatment I have ever used. A. S. KIRK, M.D., Louisville, Miss.

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SEND to Armour & Co., Chicago, for fine pepsin.

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NOT IN IT.

He has no enemies, you say;
My friend, your boast is poor;
He who hath mingled in the fray
Of duty that the brave endure,
Must have made foes,
If he has none
Small is the work that he has done;
He has hit no fraud upon the hip,
He has shook no cup from perjured lip,
He has never turned the wrong to right,
He has been a coward in the fight.

—*Meyer Brothers' Druggist*

INFLAMMATORY RHEUMATISM.—The following testimonial from a celebrated physician confirms the claims made by Wm. R. Warner & Co., for their Elixir Salicylic Acid Comp.:

℞.—Acid salacylic, potas. iodide, tr. gelseminum, tr. cimicifuga, brom. sodium.

I have been prescribing your Elixir Salicylic Acid Comp. with the best of success since receiving the sample bottle some weeks ago, and I shall continue to prescribe the same, and will add that this compound is well wortyy the attention of the medical profession.

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USE Julius Fehr's Compound Talcum Baby Powder

"VINOLIA" Cream will promptly relieve itching and burning, and is particularly indicated in cases of eczema, but has also been found of much service in the treatment of skin diseases generally. A sample and pamphlet with medical reports will be sent free by Blondeau et Cie; also samples of their "Vinolia" Soaps, on which *Sanative Medicine* reports: "The finest soap that has come to our notice for years, and we use it in preference to any other toilet soap." Where alkaline soaps are contra-indicated and for use on delicate and tender skins, a trial of "Vinolia" soaps will prove more than satisfactory. It is superfatted and free from the drying caustic action of other soaps.

ARTHUR R. COBB, M.D., of Philadelphia, reports a case of suppressed menstruation relieved by the administration of Apioline.

STRANGER—I noticed you called your friend Professor. Is he really a professor.

Boweryite—I should say so. Why, dat feller swollers a sword eighteen inches, stands on his ear and eats glass out of a churn. Professor! Well, I should just smile.

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WE have used Weinhagen's thermometers with per-

Continued on next leaf.

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THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and g owth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

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C. F. TAYLOR, M. D., J. J. TAYLOR, M. D., } EDITORS.

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Mutual Antagonism of Diseases: A Problem in Pathology.

A SERIES of statements has been made recently that there exists such an antagonism between the micro-organisms, or germs of certain diseases, that the introduction of the one into the body will result in the recovery of the patient from the other. We will note, in brief, some of these statements. The first interesting claim to notice is that persons suffering from cancer, which is proceeding slowly toward the usual result, have been entirely cured of the cancer by an intercurrent attack of erysipelas. In 1891 the following appeared in the *Medical Press and Circular*, of London:

THE INFLUENCE OF ERYSIPELAS UPON MALIGNANT GROWTHS.

"The evidence pointing to the influence of erysipelas upon the nutrition of malignant growths has been lately accumulating, and since Fehleisen published his paper in 1883, showing the possibility of producing erysipelas by inoculation with pure cultures of the streptococcus erysipelatis, and together with the notes of seven cases of irremediable malignant disease in which he had practiced inoculation, other observers have taken up the same line of practice. For example, Burns in 1888 wrote an exhaustive article on the subject, and gave notes of fourteen cases of undoubted malignant disease in which erysipelas occurred, either accidently in the course of the malady, or was produced by inoculation. To these records are now to be added nine others collected by W. B. Coley, who contributes a paper on this subject to the last number of the *Annals of Surgery*. All the nine cases were sarcomata. The first one was a round-celled sarcoma of the neck, with five recurrences within three years. At the last operation a large open wound, five inches long by two wide, was left, which, owing to complete removal having been impossible, was soon filled with flabby sarcomatous granulations. Two weeks after the operation the patient had a severe attack of facial erysipelas, and subsequently a second attack. The granulations quickly disappeared, the wound rapidly cicatrized, and the patient recovered, and has remained well for seven years after the erysipelatous attack. Three other cases were reported as cured, decided temporary improvement was noted in four, and one case was still under treatment.

"The author points out that the theories which have been put forward to account for the influence of erysipelas over malignant growths are mainly three. First, that the erysipelas coccus has a direct destructive action upon the cell elements of the new growth. Second, that the high temperature alone is sufficient to destroy the cells of lower vitality, causing a fatty degeneration, followed by subsequent re-absorption. Third, that sarcoma and carcinoma are both of bacterial origin, and the erysipelas germ has a direct antagonistic effect upon the cancer bacillus. These remarks are of much interest, and have an important bearing upon the treatment of the various forms of sarcoma and carcinoma which are irremediable by other means."

Dr. Spronck, of Utrecht, has been making similar experiments with the influence of ery-

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sipelas, scarlatina, typhoid fever and cholera upon malignant tumors, with, he claims, favorable results in each one.

We find the following in the New York Notes of Hospital Practice, in the Jan., 1893, number of *Practice:*

INOCULATIONS OF ERYSIPELAS FOR MALIGNANT TUMORS.

"It looks as though the treatment of malignant tumors by inoculations with erysipelas may come into general use. At any rate Dr. W. B. Coley, with the backing of Dr. W. T. Bull, has applied the method in several cases, some of sarcoma and some of carcinoma. The case which had especially influenced him in trying it was one of Dr. Bull's, in which an accidental attack of erysipelas had cured the patient of well-advanced disease of the throat which had recurred after several surgical operations, and had attained a hold which made its further treatment by the knife impossible. This patient had remained free from the disease, now many years. Briefly stated, the entire number of cases on record in which erysipelas had occurred spontaneously or designedly on malignant disease known to be carcinoma was seventeen, and sarcoma also seventeen. In the seventeen cases of carcinoma there had been three cures and one death, and of the seventeen cases of sarcoma there had been seven cures and one death. At least one of these deaths occurred in a case of accidental, not inoculated, erysipelas. This was a remarkably good showing when it was remembered that in most instances the malignant disease had already passed to the inoperable stage. It had been impossible in some cases to induce an attack of erysipelas. Dr. Coley and Dr. Bull think the curative influence is probably due to antagonistic bacteriological action, and the fact that in a few instances the seat of the erysipelas and of the malignant disease were at widely separated points showed that the view suggested by Dr. Daniel Lewis that the action might be simply that of inflammatory irritation, such as might be induced by Marsden's paste, etc., was not tenable. Dr. Lewis thought we should proceed carefully with our tests, and avoid a repetition of the tuberculin epidemic, whereas Dr. Coley said that, with such a showing as had already been made in so fatal a disease he would do all he could to spread the epidemic of erysipelas inoculation for cancer and sarcoma."

In the *Indian Medical Record*, of October, 1891, Dr. J. Morton, of Mussoorie, India, made the claim that he was successful with erysipelas inoculations for the cure of tuberculosis. On the other hand, there are directly opposite claims made for the effects of erysipelas upon tuberculosis. Dr. LeGendre, in *La Semaine Medicale*, of February 3, 1893, states that he had noticed that tubercular manifestations were made worse by an attack of erysipelas. Also, in *L. Union Medicale*, January 24, 1893, Dr. Comby lays stress on the disbelief that there is any antagonism between the germs of erysipelas and tuberculosis, and quotes a case tending to show that an attack of erysipelas hastened the death of a tuberculous patient. The following, however, from the *British Medical Journal*, may throw some further light upon the subject. From this we may draw the inference that there is established *a strong reaction*, and that *if the patient is able to endure the attack of erysipelas and rally from the reaction*, he will then recover from his original trouble.

INFLUENCE OF ACUTE FEBRILE DISEASE ON THE COURSE OF CHRONIC PHTHISIS.

Dr. A. Chelmouski reports a case (*Deutsche Medicinische Wochenschrift*, No. 14, 1891) from the wards of Professor Stolnikow, of Warsaw, in which an acute attack of erysipelas occurring in a patient who was suffering from chronic phthisis, gave rise at first to exacerbation of the tuberculous affection, but subsequently to apparent recovery. The patient was a woman, aged 38, who had suffered for a long time from symptoms of chronic disease of apex of the right lung, bacilli being present in the sputum. Added to this there was very extended ulceration and tuberculous infiltration of the mouth and fauces. A sharp attack of erysipelas, presumably acquired from a patient in a neighboring bed, was followed by a decided increase in the symptoms of the pulmonary disease. With the subsidence of the erysipelas a marked improvement took place in the visible tuberculous disease in the mouth. The ulcerated patches became cleaner and smaller, and the points of infiltration gradually subsided and disappeared. Tubercle bacilli were no longer to be found, and by slow degrees the symptoms of the lung mischief passed away, until the patient in about six weeks was able to leave the hospital feeling perfectly well. Several observers have recorded the subsidence of syphilis and lupus after erysipelas, and a few instances of arrest of tubercle have been noted. An attack of typhoid fever may sometimes be followed by recovery from tubercle. An interesting example

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of this, in the person of a professional colleague, is recorded. The patient not only lost all his previous tuberculous symptoms, but gained weight in a remarkable manner during the convalescence from the fever, the cough being reduced to a minimum. Without offering any special explanation of this striking improvement in the onward course of the tuberculous disease, the writer quotes the opinion of Gamaleia, von Fodor, and others, to prove that high temperature should not be regarded as a harmful thing in itself, but rather as an evidence of the destructive progress that is going on in the blood to bring about the annihilation of the tuberculous virus. Presuming that a febrile state of blood is inimical to the spread of the tuberculous poison, the occurrence of an excessive febrile condition such as is produced during the course of erysipelas or typhoid might account for the cessation of the tuberculous process, and its rapid cure after the subsidence of the fever. In cases of long standing disease, where the heart's action is enfeebled or its muscular structure degenerated, the result of the secondary fever may have no such salutary effect, but may simply increase the local disease and diminish the general recuperative power.

Erysipelas is found, however, to exert an unfavorable influence in rheumatism, and, in fact, it sometimes establishes a joint inflammation similar to that of rheumatism.

Dr. Frank R. Fry reports in the *St. Joseph Med. Herald* a case of traumatic tetanus running the usual course and apparently approaching death; the patient took a severe attack of scarlet fever, and, after the high temperature of the second disease had subsided, started on the road to recovery. This seems most remarkable.

It is reported in the *London Lancet*, "that in 1891 two epileptics were bitten by rabid dogs, and sent to the Pasteur Hospital for treatment. Both recovered from the rabies, and, what was most remarkable, neither had any more epileptic attacks. M. Pasteur, on mentioning the fact to M. Charcot, expressed himself willing to investigate the subject further. Accordingly, M. Charcot, sent an inveterate epileptic of twelve years' standing to the Pasteur Hospital for examination. Pasteur reports that after six days of treatment with diluted rabic inoculations the epileptic attacks disappeared in the patient, and have not yet returned."

However, it is reported on the other hand, in regard to erysipelas and diphtheria, that they work together, and that death is more certain than if the patient is affected by either one alone.

The claim has frequently been made that tuberculosis and rheumatism cannot exist in the same individual, and that they are not often found even in the same family. It is interesting to note here that patients of the rheumatic diathesis, possessing the so-called acid temperament (according to the chemical classification) are despondent and fearful of calamity or death and their ailments are aggravated by overfeeding; while those with a consumptive tendency are of the alkaline temperament, are ever hopeful and buoyant, and are such delicate eaters that they can often be cured if they can be fed sufficiently.

And now, as a last branch of this most remarkable subject, we will examine the supposed antagonism between malaria and tuberculosis. M. Kohos reports to the Congress of Tuberculosis, (July 30, 1891) that in Tunis there is no such antagonism, but that malarial subjects die there of tuberculosis right along, and that such a result is probably favored by the anemia caused by the malaria. Yet witness the following on the other hand, from Dr. Felkin, in *The Medical Press*, 1891:

ANTAGONISM BETWEEN AGUE AND PHTHISIS.

"I should like briefly to call attention to the possibility of there being an antagonism between malaria and phthisis. I was surprised in my journey to Central Africa to notice the distribution of phthisis, for although bronchitis, pleurisy, and pneumonia were constantly seen in nearly all the districts through which I passed, the cases of phthisis, which I was able to observe were few and far between, and corresponded in a marked manner with the absence of malaria, at any rate, in its most intense forms. From Khartoum, along the valley of the White Nile, as far as the Albert Lake, through the swampy districts of Unyoro and Uganda, I can recall having seen only very few cases of phthisis (in Uganda some eighteen or twenty). Subsequently, however, on my return journey, I saw a considerable number of cases in the Shuli district, at an altitude of from 3,000 to 4,000 feet, where malaria is very rare, and where, I may mention in passing, I think that Europeans could colonize. Again in traveling through the

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Bahr-el-Ghazal district, I saw a considerab'e number of phthisical individuals, not inhabitants of that province, but men and women, soldiers or slaves, who had come from the elevated districtsin the Mombuttu country. Further north, at Dara, I again met with phthisis in people who inhabited the highlands of the Gebel-Marah region, where, I was informed, malarial fevers were entirely absent.

During the last few years (it may, of course, be the result of accident) I have had the opportunity of seeing several patients distinctly phthisical, in the early stages of the disease, who have since been abroad, and suffered more or less from malaria. On seeing them after their return, I found. and must say to my surprise, that in seven out of nine, all the phthisical symptoms had disappeared, and in the other two, although I could find no improvement in their condition, the disease had apparently made no progress.

M. Boudin, in 1857, put forward the theory that malaria and phthisis were antagonistic. He held:

(*a*) That where malarial endemic fevers are prevalent, phthisis is rare, "that the frequency of one class of cases is inversely proportionate to that of the other."

(*b*) That where malaria decreases phthisis increases; and

(*c*) That phthisis is more curable in malarious regions than in others.

These propositions were at the time vigorously discussed, but the subject has fallen out of mind. Long before M. Boudin called attention to it, in 1841, Harrison, of Horncastle, remarked on the infrequency of consumption in the Fens, and, in 1811, Wells contended that consumption and malaria were opposed to each other, and referred to many authorities to corroborate his statements. The references to the literature on the subject will be found in the *British and Foreign Medical Chirurgical Review*, vol. 23, 1859 The late Dr. T. B. Peacock, writing on the subject in 1858, did not think that any such antagonism could be proved, and published six cases which he had himself treated in which phthisis and malaria both affected the patient. Still he writes thus: "I cannot, therefore, but conclude that it is not probable any material antagonism exists between phthisis and intermittent fever. The facts do not, however, warrant the denial of the supposition altogether, and there are probably few popular ideas which have not some foundation in truth."

It is only fair to mention that Dr. Peter Gowan, once physician to the King of Siam, does not credit the antagonism of ague and phthisis owing to the prevalence of both diseases in Siam. ("Consumption," P. Gowan, M D., London, 1878, pp. 57-59.) Still, he admits that "it (comsumption was unquestionably shown to be almost, if not quite, absent from many such localities, and to be less prevalent where the fever was of a bad and obstinate kind." In Corea, ague, which is there called "hakuchu," is universally prevalent, although the country is generally dry, and there are few marshes or swamps. Phthisis is almost unknown.

Prof. Virchow found that nearly the whole of the population of Upper Silesia suffered from malaria, and had enlarged spleens. He never saw a case of phthisis in that region, and the doctors resident there assured him that that was the result of their experience, too. Gowan says that in all cases of phthisis he saw in patients who had also an enlarged spleen, the right lung was effected, illustrating Dr. Brehmer's theory of the causation of phthisis, and he says; "In the enlarged spleen of those who have suffered from obstinate ague we have a sufficient explanation of their comparative immunity from phthisis by the accelerating influences it exercises on the circulation within the lungs, as a result of the intermittent compression to which the basis of the lungs are subjected by this in common with all other enlargements of the contents of the abdomen." There is doubtless much to be said for the enlargement of the spleen acting thus mechanically, but, to my mind, it is an insufficient explanation of the whole matter, for the spleen is not invariably sufficiently enlarged to act in that way. I thought that should have found something to support my view that malaria and phthisis are antagonistic, in investigating the results which have been obtained in the rearing of monkeys in this country, but, althouhg I find that it is true the majority of monkeys do die of phthisis, yet it must be admitted that those monkeys which died at the Zoological Gardens some years ago died from the effects of imperfect ventilation, and, therefore, it is impossible to class them among the deaths from phthisis proper.

In referring to the annual loss by phthisis in the army, it was in 1856 8.9 per 1000 in the line regiments in the United Kingdom; in the Guards it was 12.5; but if we look at the mortality in Malta for the same regiments during the same time, we find it was below 5 per 1000, and that during the same time at Mauritius and Ceylon it was only 4 per 1000, and in the Madras Presidency below 1 per 1000.

Numbers of observers in America have called attention to the antagonism between ague and comsumption. So, for instance, Dr. Green, of Whitehall, Washington, U. S. A, said as long ago as 1858 that, though intermittent fever was of unusual frequency in that district, there was not one case of phthisis developed there,

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and that phthisical patients who arrived there found "relief as decided as it was permanent." He mentions also a morass near Ruthland which was made into a pool, the result being that intermittent fever disappeared, and that phthisis took its place. This was the more remarkable because the re-establishment of the morass was followed by the reappearance of ague and a diminution of phthisis; indeed, it only took a half-year to establish this change."

We have done that which is quite unusual with us, given so much space to this subject, for the reason that these claims are very remarkable and of the utmost importance, if true, and if not the facts should be brought out that will disprove them. According to this line of reasoning it is barely possible that in regard to many diseases, we can simply match one against the other and thus secure the escape of the patient. However, while we do not anticipate, from the very nature of the case, that this will ever become a recognized method of treatment, yet the grouping together of these varied facts and observation will give the thoughtful something to think of, and may point the way to a profitable line of investigation. The great army of WORLD readers, extending into every land and clime, can make reports on this subject that will go far towards establishing the truth or falsity of the various claims made.

Strychnine for Snake Bite.

E. A. Thomas, M.D., Assistant Surgeon, Nagina, India, reports, in the *Indian Medical Record*, five consecutive cases of bites by poisonous snakes, in which prompt recovery ensued upon the administration of strychnine, in full doses, repeated hourly until out of danger, which was usually determined after the third dose.

To Prevent Cocaine Intoxication.

Parker has discovered that the unpleasant or even poisonous symptoms which occasionally follow the local application of strong solutions of cocaine in the nasal and buccal cavities may be entirely prevented by combining the drug with resorcin. This combination is also of advantage in utilizing the antiseptic, astringent and hemostatic properties of the latter drug.—*British Med. Journal.*

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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

About Seventy Per Cent. of Tubal Disease Occurs on the Left Side.

Editor MEDICAL WORLD:—It is a clinical fact that the left tube is the one diseased in seven cases out of ten. The examination of about six thousand women has proven this to my entire satisfaction. The causes leading to this condition are not so clear, but the fact is well known to gynecologists. The reason frequently announced for the large per cent. of left tubal disease over the right is that the rectum lies on the left side. The passage of feces and gas by contracting and dilating the rectum induces a constant irritation which deprives the diseased left tube of its physiological rest. The inflamed tube is kept in such constant movement that it cannot recuperate.

As rest is the greatest therapeutic agent, this view has a plausible basis. But in a very careful examination of some fifty cavaders through several years, the writer has found that the rectum often enters on the right side and also that many times it enters the pelvis exactly in the middle line, so that one cannot always clearly attribute more irritation from the rectum to the left tube than the right. There must be other factors. At the present day not enough is said about the appendages being infected and consequently diseased through the gut.

Tumors and uterine appendages are frequently infected through the intestinal wall.

A second reason for disease being more frequent on the left side is that the sigmoid flexure rests on the ovarian vein, and by the undue pressure of an overloaded sigmoid it obstructs the normal flow in the left ovarian vein. This obstruction causes congestion in the plexus pampiniformis. The writer has carefully noted this factor and it has an undoubted influence in producing left tubal disease.

A third reason for left tubal disease is that

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the left ovarian vein empties into the left renal at right angles. Lately Mr. Lawson Tait popularized Dr. Brinton as the fortunate man who discovered that the left ovarian vein had no valves. The writer can state, positively, from quite a number of dissections that the left ovarian vein presented marked valves in two thirds of the cases and that in the other third of the cases the valves in the left ovarian vein were very slightly different from those in the right ovarian vein. The valve in the right ovarian vein resembles, quite exactly, the coronary valve in the coronary vein of the heart. Of course the blood from the left plexus pampiniformis must course around a right angle to reach the inferior vena cava, while on the right the ovarian vein flows directly into the inferior vena cava without obstruction.

A fourth view for left sided tubal disease the writer himself presents. This view was gained from the writer's own investigation. The theory is that the left tube is larger in calibre than the right. It is longer than the right generally. But the lumen of the left tube is wider or more capacious than the right. With a wider lumen, a restless rectum, an overfilled sigmoid and a vein emptying itself under difficulties, the left tube cannot resist as much as the right. Besides its wider canal is liable to receive more infection than the right. It is, after all, infection that produces the disease in chief, and the mucous membrane, which lines the natural channel of the passage of the infection, is at least a plausible means to acquire the disease. Labor may injure the left tube the more.

A fifth reason for left sided tubal disease may be presented under the idea of circulation. It may be observed in dissecting subjects whose veins and arteries were well filled that the left side has larger veins and arteries if, also, not more numerous.

The writer has frequently noted that the left plexus pampiniformis was larger on the left than the right. It is the veins that disease deals with rather than the arteries in the pelvis. It must be assumed that the left side receives more arterial blood than the right and also that the venous blood remains longer in the left broad ligament than the right—that venous stasis is more common on the left and it is therefore easier to induce disease on the left than the right. It is easily seen from careful dissections that the return of venous blood is more difficult on the left than on the right. For example, the left iliac vein must cross over the pelvis to reach the inferior vena cava, thus lengthening its course. The left vena azygos must needs cross over the back bone to empty into the right vena azygos.

Again, the left ovarian vein empties under difficulties and at right angles to the left renal vein. So that one can say that the venous circulation of the left side of the body is carried on under more difficulties than that on the right. The right venous return is direct, the left venous return indirect; venous stasis is always ready to entice disease. The left side is the weak side.

Hence women are more diseased on the left than the right side.

1st. Because of a restless rectum. It dilates and contracts.

2nd. Because of an overloaded sigmoid obstructing the left ovarian vein.

3rd. Because of a longer left plexus pampiniformis whose vein empties at right angles into left renal vein.

4th. *Because of the left tube having a larger lumen than the right. It could thus receive more infection than the right.*

5th. Because of the excessive circulation on the left side and the greater size of the plexus pampiniformis. The defective venous return on the left side induces blood stasis.

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Esophageal Obstruction.

Editor Medical World:—Several days ago, on receiving your February number and reading on page forty-nine an article written by Dr. Alford entitled "Esophageal Obstruction" it reminded me that such a case happened to me some twenty years ago in Trebisond, where I was residing at that time.

It was a village woman of forty-five. Three days before, when she was dining, she took a great morsel of meat in her mouth not chewed yet, when suddenly an accident happened, she quickly swallowed, but it remained in her throat, that is, in the uppermost part of her esophagus, and produced such an obstruction that in three days in spite of all her efforts, not a bit of food nor a drop of water passed down to the stomach. When she was brought to me I requested her to drink some water. She tried a draught, but regurgitated it through her nostrils. But as I had no good or proper instruments to remove it with, I took a copper wire twelve inches long, the thickness of a number eight catheter, pushed the bolus down with the wire to the stomach and instantly she was relieved from the troubles, and immediatly wished a glass of water and drank it all at once and thanking me gratefully, she left.

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The Morbid Anatomy and Treatment of Anal and Rectal Fistulæ.

Editor MEDICAL WORLD:—Sinuous openings or passages, connecting the lumen of the rectum with the external atmosphere, in some cases, in others communicating with the bowel alone, again, perforating the integument outside the bowel wall, are a rather common affection, much more frequently seen in men than women; seldom or never in growing children, or very old people. Rectal-fistula spares neither rank nor class. Many of them give rise to no serious local annoyance; while, on the other hand, there are certain types which make life miserable until they are treated by surgical measures.

Not an inconsiderable number of fistulæ may be regarded as quite incurable by any sort of operation which involves the use of scalpel and loss of blood.

AN ETIOLOGICAL DIVISION OF THE MALADY.

The more common ordinary types of fistulæ may be roughly grouped into two classes:

First. *Those dependant on a constitutional dyscrasia.*

Second. *Those arising from local causes.*

There may, perhaps, be a sort of middle-class of a mixed character, in which systemic disturbances are the exciting, and local irritation the proximating causes.

The first class, by all odds, predominate in frequency and are most rebellious to treatment.

The second class, though not so common, gives the most satisfactory results; while, with the third, in proportion as to which factor predominates, we will have varying results.

The underlying pathology of those suppurative or ulcerative conditions, on which those sinuses depend, is yet a mooted question. In my experience, it lies between syphilis and tubercle; though the microscope is powerless to definitely enlighten us, in the majority of cases.

In many particulars, this pathological-process at the rectal outlet of the colon is very much like that which sometimes begins in its caput or appendix coli, which we designate typhlitis and appendicitis. Inasmuch as, in the present instance, we are concerned, especially, with the surgical aspect of rectal or recto-anal fistula with their morbid anatomy, a few words on the structures in the recto-ischatic fossa are necessary, as a preliminary to a short consideration of that side of the question.

To commence with the rectum; we will observe that it, like the esophagus, is a musculo-membranous tube, in which the fibres of the organic and inorganic, the voluntary and involuntary muscles fuse. The lower, extra peritoneal segment of the rectum, is loosely swung in the recto-ischiatic-fossa, in the midst of a large mass of cellulo-adipose tissue. It is freely movable posteriorly and laterally; but, anteriorly, except for an inch or so, it is firmly held down, by the recto-prostatic ligament. In the female, however, its motions are about equal in every direction; and, with them, it is capable of much greater distension, because of the vaginal hiatus.

The rectal-outlet is guarded by the external sphincter muscles with other important accessory support. The levator-ani, so-called, occupies the first position, as a support. This muscle we will find, on a careful dissection, is almost identical in function with the pharyngeal constrictor above, for it not only supports the intestine, but it likewise powerfully compresses it; and, in this manner, raises the superincumbent-weight off the sphincter muscles below and beneath it. *Within* the rectum, are the internal-sphincter below, and above, the semi-lunar folds of Houston, or, what is known as the "sphincter of O'Bierne." The large mass of fat, which laterally is lodged between the bowels' wall and the tuber-ischii, serves the part of an elastic-compress, which, when the rectum has unloaded itself, presses the lateral parietes of the gut into immediate contact with each other. Hence, we see that physiologically the rectum is practically, like the gullet, an independent, active organ; the former occupied in seizing and lodging the morsel in the gastric-pouch, while the latter is engaged solely in the process of ejecting from the system the effete elements of the secretions and and residue of digestion; and, that the sphincter-ani-externi, alone or conjoined with the internal sphincter, are, alone, incompetent to sustain the colon's contents.

The secreting structure of the lower half of the rectum is quite identical with the colon above. The solitary glands in the sub-mucosum are large and numerous and the follicles are abundant. The mucous surface is lined by columnar-epithelum, as far as the line, at which, it and the integument, blend together.

The arterial vascular-supply to the lower rectum is simple in structure; but the venous is very complicated, as it has two separate sets of vessels: the portal-radicles and the tributaries to the general venous circulation. None of these have any valves, and, for their size and exposed situation, have very thin walls. It is needless here to describe the lymphatic or nerve arrangement.

The ground-work of all common types of anal or rectal fistulæ is either suppurative or ulcerative inflammation. Certainly there are isolated

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cases, in which a piece of bone, fragment of a shell, or other hard substance, which, becoming lodged, or fixed in the passage, will work its way through the intestine into the adjacent connective tissues, and excite an abcess, as a sliver, or foreign substance may in any other part of of the body.

Many years ago a lengthened and bitter controversy was maintained between Symme of Scotland and Louis of France, on the question as to whether those fistulous perforations originated in the surface, mucous tissues of the intestine, or cellular tissues, external to the intestine. Symme contended that the process commenced in the mucous-follicles and extended in a centripetal direction, and the abscess was always a secondary issue. He also alleged that there was no such condition as the so-called blind external fistula; that, on the contrary, the internal opening could *always* be found, if intelligently sought for, just within the anal sphincter.

Louis, on the contrary, protested that purulent-inflammation, in most cases, had its origin in the cellular wall of the bowel, or even external to it, and that in many cases no internal aperture could possibly be detected, on the most painstaking examination.

But, among the greater number of modern investigators, there is a quite general unanimity of opinion, that the initial changes commence in the cellular elements, in hemorrhoidal tissues and lymph spaces which abundantly occupy the interspaces between the mucous and cellular coats of the intestine, in its terminal segment.

There can be little doubt but many of the incomplete, external fistulæ have, in their incipient stages, an internal aperture which has later closed in, by a narrowing or cicatrization of it, before the pus-formation has made its way through the integument, near the anus. There are good reasons to assume too, that many of them have their primary seat high up in the rectum, close to its peritoneal investment, and on an opposite side to that at which it makes its appearance, below. So that its course may be, in certain cases, both lengthy and tortuous.

Fistulæ may appear either single or multiple. I have met with one case, in a man, in which there were three that appeared, almost simultaneously, after the excision of internal-hemorrhoids It is a singular circumstance that we almost never encounter a fistula through the anterior wall of the bowel into the vagina, except as a consequence of trauma or syphilis.

The usual site of the external opening is close to the verge; but we will sometimes find it extending through the gluteal muscles, wide of this line.

With those old, chronic cases which discharge periodically, when they are freely opened up from below, we will find that the pus has burrowed in various directions, leaving sinuses and pockets, which extend far up the wall of the rectum, into the loose, adipose-tissues, the fascia and muscle. Tubercular proctitis, ulceration or hemorrhoids, may cause, or co-exist with fistula.

In the event of extensive ulceration of the gut, with the fistula, the patient will almost invariably suffer from diarrhea, anemia, and pulmonary symptoms. But there are many cases of ulceration without these symptoms. So far, those types of this malady have been considered which arise in consequence of reduced health, or constitutional causes, besides such as follow on the lodgment of a sharp, foreign body from within the intestines. But, without doubt, fistulæ many ensue, in consequence of *direct* violence in those whose health is rather below *par*. With most of these cases, we will have the same anatomical features as in other cases; though, occasionally, when the tip of the coccyx is injured, we will have superadded, an exfoliation of the necrosed bone.

A case has recently (February, 1893) been tried in New York in which the plaintiff claimed damages for the inconvenience and trouble which a fistula gave her that resulted from a fall on her hips (?) in a street car on defendant's line. And, strange to say, though it was admitted that she was an old sufferer from hemorrhoids, and in a frail state of health at the time of the accident, several physicians swore that, in their judgment, the fistula itself was an "*objective sign*" of the injury, and that it clearly was dependent on it. This, in the face of the fact that there was no bone disease of any kind.

Inasmuch as we are considering here at present, in detail, none but the commoner types, nothing will be said of those unusual varieties of fistulæ dependent on diseased processes, high up in the pelvis, which make their way out through the most dependent route, in obedience to gravity.

TREATMENT OF FISTULA; LOCAL, CONSTITUTIONAL AND RADICAL.

The majority of cases of fistula in young people, of vigorous constitutions, are promptly curable by the simplest means. After the evacuation of the abscess the parts should be thoroughly washed with a cleansing liquid, and then, after the anus has been amply distended and a perforated tube introduced, if the fistula be complete, we will drench it with a weak solution of carbolic acid. Now, if this be repeated for a few days and the patient be kept at rest, they will promptly heal and not relapse.

In the great preponderance of cases, however,

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we are confronted with a well marked constitutional cachexia. The parts about the fistula are tumefied, boggy and insensitive, and the discharge is rather serous than purulent. These fistulæ give rise to little or no pain, though at times they excite a torturing pruritus, and are rather a nuisance, through permitting a constant, foul-smelling drip, and involuntary escape of intestinal gases into the clothing. This is the class in which cutting operations often fail, and it may be even questioned, whether in the majority of them they are permissible at all. Certain it is, if we would deal successfully with them, which we often can, even without the knife, we must address our attention rather to the mouth, than the rectum—to inspiratory and gastric aliment, healthy surroundings, bodily rest, with appropriate exercise.

This is, *par excellence*, the type of fistula in which an ichorous flow escapes, and which on division, those multiple excavations are discovered. When treated by the scapel unpleasant sequalæ may follow. In the majority, unless they are low down and direct, they will relapse, or, if they unite after division, it is effected by a very slow process; which may be incomplete. Unhappily, in occasional cases, after incision of a fistula, when union of the divided edges is incomplete or fails, we will have fecal incontinence.

In the class which I have thought it well to designate the "constitutional-class," it is well in all cases to build up the system, improve the appetite, digestion, strength and general nutrition, before resort is had to incision. And, with certain cases belonging to this class, it will conduce to their general welfare, if we let their fistulas severely alone. Every practitioner of even moderate experience, is familiar with chronic, old fistulæ, which make no impression on the general health, and are discovered by accident only. Our fathers in medicine taught us that fistula-in-ano exercised a depurative action on effete substances which accumulated in the circulation, and, hence, that they served a most salutary effect. My friend, Dr Douglas Stewart, of New York, has informed me of a gentleman who was under his care, and for whom he cured his fistula, had very indifferent health until it broke anew, much to his relief of symptoms which disturbed him, until the old sinus re-opened.

If then, one have a small, painless fistula, which gives no pain or inconvenience, it should be left alone. Or on the other hand, no matter how extensive the fistula; or complicated by pain or soreness, unless the general health can be improved markedly, no operation should be done.

OPERATIVE CASES OF FISTULA IN THE ANUS. TECHNIQUE OF OPERATION.

Operative cases of anal fistula may be divided into:

First. *Those which are complete and lie close to the verge.*

Second. *All cases attended with very much pain, or with more or less distress on defecation.*

Third. *All recent cases in vigorous individuals; whether, they be complete or non-complete.*

Fourth. *A vast number which will respond to operative-measures, without the use of scalpel or scissors.*

To the first category should go all those cases in which the fistulous-track may be freely opened, without dividing either sphincter. The wound, which is but a trifling affair, heals quickly, and in almost no way incommodes the patient.

The second division embraces a very considerable class; for nearly all fistulæ are sensitive at sometime in their evolution, or interfere with one's ordinary occupation to such an extent as to demand treatment. But, even here, it may be well to temporize a while with palliative measures before division is considered. The same may be said of the third class.

With respect to the fourth, it is so spread out as to include a large class. A very common mistake is the impression that an *operation* and the *division* of the tissues are equivalent terms. Now, in this fourth division of cases, my aim has been to include such cases of every description as might be *operated on*, but *not* cut. Such as may be readily cured by cocainization, dilatation, pressure-massage, irrigation, grattage, or Launelonguis sclerogenisis, by chloride of zinc injections, without any loss of blood at all.

TECHNIQUE OF OPERATION AND DIFFICULTIES IN THE WAY OF UNION AFTER INCISION.

No precise set of rules will obtain in the operative manual for all the diverse phases of anal-fistula, though there are general outlines of technique and preparation which will aid materially in the various steps of operation and conduce to the most favorable results.

The patient with this, as all operations which are tedious in their performance, should prepare in the beginning by spending at least twenty-four hours in bed. A moderate laxative should be taken in the evening before, and the colon should be flushed clean, with a quantity of soap-suds and water. The rectum may be thoroughly cleansed by passing one tube about six or eight inches long, well perforated on its sides, while the injecting fluid is sent in by another conduit.

It has long been a matter of observation with

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surgeons and practitioners, that if we employ a pulmonary anesthetic in these cases, it must be pushed to its full effects, or else the reflex impressions, from our manipulations, may be attended with shock, not infrequently of a mortal character.

But, since cocaine analgesia has been discovered, and its hypodermic action is well understood in all operations for fistulæ, with very few exceptions, we may dispense with pulmonary anesthetics altogether, and substitute cocaine instead. The minute technique of its hypodermic employment in rectal and other surgery, I have elsewhere published (*Boston, Med. and Surg. Jour.* October, 1890; *Jour. Am. Med. Asso.*, May, 1891, *Med. Brief*, January, 1892 and December, 1892). Prof. John Link, of Terre-Haute, Indiana, long since called attention to, and has repeatedly demonstrated, how, by one hour's *inebriation* with whisky or other distilled liquor, we may painlessly adjust fractures, reduce dislocation, and perform other operations. He, however, conjoins with it often moderate chloroform inhalations. (*Jour. Am. Med. Asso.*, February 15, 1893.) If we substitute cocaine-analgesia, instead of the chloroform, we will have attained to the ideal in convenience, efficacy and safety.

As soon as we arrive at hospital or residence of our patient to operate, we direct the nurse to commence the small, rapid dosage of the alcoholic, and push it, according to the constitution and temperament of our patient. In about an hour or a little less, while we are disrobing, washing and preparing our instruments and dressings, our patient will have an ample "*load*" on and feel pretty jolly. If the circumstances of the patient will permit of it, with delicate females, champagne will answer equally as well as whisky; though, as it is so apt to be followed by severe headache and malaise the following day, it is well to mix it with a little brandy.

If we have, at a previous examination, been able to fix the internal-opening, or carefully explored the fistula's deep recesses, we will commence operative-measures at once, after cocainization.

We will cocainize by *hypodermic* injection and *surface* application. This having been effectually accomplished, first, the index-finger of the left hand is introduced into the anus, then the middle and ring fingers, until the sphincter's resistance is overcome. Dilatation, the first step in the operative-manual, should be thorough and complete. This permits us to readily evert or roll out the mucous-membrane, when we will have under our eye, the whole interior of the ano-rectal junction, for fully an inch upward, which will enable us to treat a fissure or crush under the finger and thumb any hemorrhoidal masses that may be present. Besides, when the fistula's orifice is low down by it, we can see the precise position of it.

At this stage we must for a moment hesitate, in order to determine which of the many procedures we will adopt, in immediately dealing with the sinus. This must be partly decided by the anatomico-pathological type of the disease that we have to deal with, whether it is—

(*a*) A complete "through and through" fistula.

(*b*) An external incomplete.

(*c*) Or an internal incomplete.

(*d*) An acute form.

(*e*) A chronic form.

If those conditions are present, as defined on a preceding page, then the best thing to do when the sinus is complete and low down near the verge, is to send a grooved director through and split up the tissues with a bistory or scissors. But, if in a complete case, the internal aperture is up, above both sphincters, we should hesitate before we split those powerful supports in two, and leave our patient with a possible fecal incontinence or a very weak sphincter after union; hence, other expedients may be resorted to with successful issue under these circumstances, with as good, or even better results. M. Ricaise, of Paris, in a very interesting article (*De la suture des sphyncters daus 'l operation a la fistule.—La Semaine Medicale*, September 29, 1892), argues strongly in favor of opening through the sphincter muscle and all in deep fistulæ, claiming that with fine sterilized cat-gut sutures employed and closing in the gash from the bottom, no harm can follow; and, with the prompt union which attends this, all danger of sphincteric impotence or fecal leakage is obviated. It is well known, however, that of all regions of the body in which septic infection of wound is most difficult to prevent, the ano-rectal is one; and furthermore, in every instance in which I have attempted to carry out this plan, the sutures ulcerated through, and a very large, gaping sore was left to close in, by granulations, the process covering a considerable period of time, and usually leaving a contractured, narrow state of the rectum, under the scar-tissue.

An external incomplete fistula may be treated on the same lines as one which enters directly into the bowel, when it is superficial. It is true that Symmes and others have repeatedly emphasized it, that if we search with sufficient diligence and patience, we will always find an inlet to the bowel, and that it will almost invariably be seated either in or close to the sphincter.

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Others of equal experience and eminence repudiate this view, and my own experience is entirely in accord with theirs. Many years ago, when deeply imbued with Symmes' views, as a great surgeon—which he most certainly was—a case of external fistula came to me. The patient was a healthy young man. He had gone the rounds of the "pile-doctors" and quack remedies, coming to me only because the simpler measures failed. In vain and repeatedly I tried to find an internal opening with my probe, by colored, injected fluid. For a moment I was in doubt what to do, for the Scotchman laid it down, as a principle, that we must never cut unless there is an *internal* opening. The idea flashed through my mind to *make* one. This I did, with the most gratifying results. His wound promptly healed, and till now, eighteen years since operation, he has never had any return of it.

In a general way, it is not good practice to cut through the unbroken rectal wall and make an artificial, internal opening, unless after diligent search, we are certain that none exists. I may state *en passant* that though fistulas may return when we excise those which have no internal opening, so they do, also, at times, in those which have two openings.

In many of those deep, burrowing, external fistulas, if we can straighten out their canal, open down freely into their apices, scrape away all that fungous, vegetating surface-epithelium, which is the source of the *drip*, then irrigate well with an antiseptic solution after the parts are rendered aseptic, finally pack them with gauze, success generally will attend our efforts. There are a great many such fistulæ that may be radically cured with less severe methods, though it may occupy more time. By thoroughly dilating, under cocaine, with grattage, irrigation, packing and bandage pressure, many have been treated in my hands, very satisfactorily. I have never used the ligature to gradually cut through the fistula, and regard it as a measure cruelly painful, and attended with great danger of tetanus or erysipelatous inflammation.

Internal incomplete fistulæ are, almost invariably, either tubercular or cancerous. The mild types usually pursue a short course and close of themselves. Those which are of considerable extent, however, and spread far into adjacent tissues, of course, must be treated on general surgical principles. With these, we must open freely from without sweep away their *debris* and drain. Sometimes the malignant types open into the bladder, through the prostatic. The following is an illustrative case:

PRIMARY, INTERNAL, INCOMPLETE FISTULA, WITH ANAL ABSCESS, CONSECUTIVE INFILTRATION UPWARD AND FORWARD THROUGH THE PROSTATE AND PERITONEUM.

In January of 1892, Dr. S. Waterman called me for consultation to see Dr. J——, a retired practitioner, seventy-four years old. For more than a year patient had symptoms of internal fistula of the rectum. In time an ischio-rectal abscess formed, which Dr. Waterman opened. This was drained and healed early. But there was no let up in the rectal distress. When I saw the patient, he was greatly emaciated, weak and feverish. He passed his urine with pain, besides it had a fecal odor and color. Used cocaine and with the greatest ease to the patient. I made an iliac colotomy, coming at once down onto large tumor, which had its origin low down in the pelvis, below the peritoneal lining, continuously with the rectal wall.

It contained intestinal gas, feces and urine. Under the finger, everything in the immediate vicinity, had a brawny, cartilaginous feel.

The best we could now do was to drain, as excision was out of the question and the disease was evidently becoming rapidly generalized. A month later the doctor died.

Acute Fistulæ in healthy individuals generally do the best on excision; hence in using the scalpel we may cut more freely than in those of a *chronic type*. I am persuaded that, with the most of these, we may as well not cut them at all. In my own experience, when the general health is good and circumstances justify or favor it, I have been able to heal many of the most obdurate by grattage, irrigation and pressure.

Reverting now to technique, as we left our patient only ready for operation; cocaine-analgesica usually remains complete about twenty or twenty-five minutes. Let it be remembered that in women and young children the drug acts with much greater energy on the cerebal centres and the sympathetic than on men; therefore, with them we may, for a few moments, notice a hurried-respiration and temporary tachycardia, though I have never witnessed any serious symptoms.

As cocaine always locally paralyzes the vasomotor nerves, we will see little blood, on using the knife, even from the arterioles of considerable size.

Accordingly, if we would avoid secondary hemorrhage, we must search diligently, always, for all open vessels, and twist or tie them before we apply permanent dressing. As the parts promptly recover their full sensibility in all cases, after analgesia passes off, in order to mitigate the intensity of the pain which accompa-

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nies the reactory inflammation, that follows, an opium suppository may be used. For some time, after operation, it is always well to have the patient wear a firmly adjusted rectal pad held in position by a double folded T bandage. The rectum has been traumatized, the levator-ani has been temporarily crippled, and the sphincters have but a feeble grip, so that for some days the patient on standing has a sensation as though the lower bowel was stuffed with some foreign substance and dragging from above. The bandage here takes the weight off the muscles until inflammation passes away, and these structures have recovered their wonted tenacity and contractile power.

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Treatment of Gonorrhea and Gleet.

Editor MEDICAL WORLD:—In almost every issue of your valuable journal I note some ℞. given for gonorrhea. I wish to review my experience with a very commonly used and comparitively inexpensive remedy, which in 1884 I discovered would, without the use of a syringe in male patients, and with the use of a syringe as well as internally with female subjects, always promptly relieve gonorrhea and gleet. While a student my attention was first called to the claims of microscopists concerning the existence of gonococci in the gonorrheal discharge, and the germs' *causal* relation to the disease. I reasoned that, granting the correctness of these veiws, the best treatment was a remedy which would destroy the germs, which it should attack during urination. Carbolic acid and creasote are well known germicides and are largely eliminated by the kidneys. Bartholow estimates that two-thirds of a medicinal dose of these drugs are passed in the urine. I selected this drug, first trying beech-wood creasote. My patient (white, male) was cured of an acute severe case of gonorrhea in eight days. I have since used independently creasote or liq. carbolic acid (medicinal) in over two hundred cases, always with success. The average duration of cases has been ten days; minimun, four days; maximum twenty one. I recall one case of chronic gleet of eighteen month's duration which required four weeks to cure. The patient should take from two to three drops in a suitable menstruum one half hour before each meal and on going to bed.

I direct males to bring well forward the prepuce, confining same between the thumb and index finger, over the glans penis, until the confined urine dilates the urethra and inflates the prepuce; the urine is then allowed to escape, when the operation is immediately repeated until the urination is completed. By this means the urethra is cleansed of offending matter, its mucous folds are smoothed out, and every portion of the inflamed membrane is brought into thorough contact with the *medicated* urine. This process washes out the urethral canal with an antiseptic fluid of the proper temperature. It is, inded, *nature's syringe.*

Females conjoin with the internal treatment an injection of carbolized water, twenty drops to one quart of warm water. A fountain syringe, elevated at least three feet, is the only proper syringe in these cases. In 1886 I reported this treatment after eighteen months' experience with it. I know quite a number of physicians who are now doing it to the exclusion of all other remedies. I hope to bring it into universal use through your valuable journal, and hope I shall be gratified by reports of success in the hands of many. I will add that my patients are also directed to remove with tepid water, three times a day, all accumulated secretions within the prepuce, external to the glans and penis. The advantages of this treatment are:

1. No possibility of producing stricture.
2. Eliminates the syringe.
3. Bottle can be marked "tonic" and used publicly, avoiding the proverbial "gun and the barn."
4. Relief comes quickly, followed by no sequelæ that can be attributed to the remedy or mode of applying the same.

℞. Acid carbolic liq. (medicinal).....drams j
Syrup simplex } aa qs ad.....drams xxx
Syrup acacia }

Sig.—One teaspoonful in a wine glass of water, one-half hour before each meal and on retiring.

ROBT. WHITE BARTON, M.D.
Marion, Ark.

Incidents of Pioneer Practice.

Editor MEDICAL WORLD:—Dr. Rimmer, in April WORLD, calls for experiences in strangulated hernia.

After graduating and practicing a short time I removed to northwestern Iowa, where land was coming into market, (a region settled very sparsely, chiefly by Scandinavians), to make a fortune as a land agent.

One afternoon I was called far out on the prairie to see a Norwegian woman who had been suffering several days with strangulated umbilical hernia. She was in a state of prostration from intense pain and constant stercoraceous vomiting, was in a lonely "dug out" with only one small window and no one but her husband present. I told them that nothing but an operation could relieve her and that the strangulation had existed so long that the intestine

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would probably slough. She consented at once, but the husband felt that it would be little short of murder. Just then my horse broke his halter and ran off; the husband went after him. The sun was setting, I lifted the woman from the bed to a rickety table under the window, performed the operation with my pocket knife, returned the intestine (looking green and filled with hardened feces), and replaced the patient in bed overflowing with thankfullness for the relief already experienced. Peritonitis ensued, but she recovered and three months afterward gave birth to a child. I had no ether, antiseptic surgery had not been developed and there was no fire in the cellar to sterilize the water.

I have performed craniotomy and amputated an arm with my pocket knife.

I was called to perform cesarean section where a physician had been in attendance three days who assured me that there was not room between the bones for his finger to pass, that even proper coition had been impossible. Found the only obstacle an obdurate and very sensitive hymen.

Could relate many other incidents of those months when I practiced surgery without tools, but time and space forbid.

Bristol, Iowa. JAS. KEELER, M.D.

Dilatation of the Anal Sphincter as a Cure for Rheumatism.

Editor MEDICAL WORLD:—Rheumatism is the most wide spread and prevalent of diseases, and limited to no locality, season, or class.

It is very democratic in its methods, attacking all classes in all kinds of places in numerous ways.

The causes of rheumatism are also extremely democratic. By reference to the etiological tables we find everything from age, sex, climate and heredity, to diet and individual environment are classed as causes.

Its treatment has been equally democratic. Almost every thing has been recommended as a sure cure. The carrying of a horse chestnut in the pocket, the exhibition of a long list of internal remedies "per contra" and "per similia," external applications of electricity, hot irons, and skunk fat are only a few of the many. Some of them relieved, many of them did not, and none of them cured the disease. This should convince us that the treating of symptoms and effects is not the true rule of cure.

As disease is not an entity but simply the disturbance of vital functions, we should seek out the prime cause in accordance with the well known aphorism, "*sublata causato tolitura effectus*" *i. e.*, "when the cause is removed the effects will disappear."

There is always on the part of nature a tendency to repair damage and restore equilibrium. The true office of the physician is to remove obstruction and enable her to establish health. There is no disease with which humanity is afflicted where this can be more readily and effectually done than in rheumatism, if we act upon well known and clearly established principles.

What is rheumatism? It is a condition of suboxidization of the proteid substances, (according to the metabolic theory), causing the formation and retention in the body of morbific material, which, being carried to the tissues, set up irritation, pain and inflammation.

These, however, are but the symptoms, the causes and effects of which are the congested and sluggish action of the blood-making and purifying organs of the body. In other words, it is defective assimilation and elimination.

What causes this perverted action? The disturbance must be removed which leads to or results in errors in the retrograde metabolism and thus to the accumulation of the false metabolic product, lactic acid, in the system.

As the sympathetic nervous system controls and regulates the action of all the vital organs, and the circulation of all the gases, solids and liquids of the body, we must look to it and control it.

How to do this is the question upon which depends the successful treatment of rheumatism.

It has been well proven that surgical dilatation of the rectum immediately produces a most profound effect upon the sympathetic nervous system and through it upon the respiration and circulation. It causes the patient to violently and deeply inspire and quickly exhale, so as to inspire again in apparently a more hurried and violent manner. The heart is necessarily greatly influenced, the pulse becomes more frequent and stronger and any congestions are at once relieved and the circulation equalized.

If this is true, and any one can easily demonstrate it, then it at once becomes the greatest remedy for any and all forms of rheumatism, and the entire medical profession should know of it.

If surgical dilatation will produce such wonderful results immediately, then gradual dilatation should produce corresponding results. This is found to be true in practice and is explained by the recently discovered function of the rectum.

The fact is that the sympathetic nervous system is the engine that runs the machinery of the body, and the fact that the energy of the sympathetic is controlled by the tension of the

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sphincters is no less true, than that the speed of the engine is controlled by the throttle.

Dilating the rectum is like opening the throttle, giving the engine more steam, increasing the speed and power that starts the lazy machinery to active work.

By this dilatation the blood is purified, congestion removed and the grateful patient speedily cured.

Nothing succeeds like success. I believe we all want to be successful, yet I know it is difficult for us to quietly acquiesce while our pet theories are being destroyed.

If you use this treatment in your next case of rheumatism, you will be delighted with the results, and will not want to go back to the old method. If you wish to know more about it before you try this treatment, I shall be glad to report cases. F. E. YOUNG, M.D.

Canton, Ohio.

Rheumatic Pleurisy.

Editor MEDICAL WORLD:—In your May issue I gave somewhat in detail my ideas on the the successful treatment of general rheumatism. Since then I have had an opportunity to test the efficacy of these remedies in one of the special and unusual manifestations of this troublesome diathesis.

Mrs. B., aged 37, was treated by me early in the winter for rheumatism involving one knee, one hip and the sciatic nerve of the same side. The inflammation of the joints yielded readily and the sciatica also, a little later, to the application of dry vacuum cups. She has been in comparatively good health since, until a few days ago when she was taken suddenly with severe pain in her right side just under the breast, extending over the front to the sternum. This was at night. I found her the following morning with all the well known symptoms of pleuritis, temperature 103, pulse correspondingly rapid, respiration shallow and quick, face pinched and groans escaping with every breath. I at once gave her aconitine, veratrine, digitalin and hyosciamine, a granule of each every half hour, with hot pack to the side. Twelve hours later the temperature was but little abated, the pain was a trifle less severe, but the other symptoms remained the same. The same treatment was continued (medicine to be given when awake) with morphine to give much needed sleep. In the morning I found a lower temperature with a slight but well marked abatement of all the symptoms, yet not enough to satisfy me in a case of this kind which up to this time I had supposed to be simple pleuritis.

Inspection of the vessel showed urine loaded with bile and the conviction at once flashed upon me that the pleurisy must be of rheumatic origin; so, while continuing at a longer interval the anti-spasmodic and defervescent alkaloids, I added two granules, grains 1-134 each, of colchicine hourly. At my next visit there was marked improvement. The bowels, which before had been obstinately constipated, had moved freely, the urine contained less bile and was voided in much larger quantity. I now changed my prescription and gave strychnine arseniate, aconitine amorphous, digitalin and colchicine, one of each together every two hours. This was continued two days, at the end of which time, four days from the time treatment was begun, she was free from fever.

Anorexia being a prominent symptom, I now gave strychnine arseniate and colchicine one each with two of quasseine every two hours. After twenty-four hours of this, the stomach accepted food in small quantity and patient expressed herself as feeling quite well.

The prescription was here modified again, giving three of each of the last mentioned granules half hour before meals three times a day; this I have had no occasion to change during a very rapid and perfectly satisfactory convalescence.

The especial point to be noted in this is how rapidly all the manifestations subsided when colchicine was added to the anti-spasmodic and defervescent granules, which alone should have been sufficient, but for the rheumatic element, which made it a special or specific instead of a simple pleuritis. DR. W. C. ABBOTT.

Ravenswood, Chicago, Ill.

Profuse Flow Followed by Cessation of Flow of Milk.—Practical Treatments for Rheumatism and Pneumonia.—Cephalhematoma.—Dispensing.

Editor MEDICAL WORLD:—Not long ago I attended a young woman, seventeen years old, who had given birth to a living child, the presentation being a breech. When I arrived, however, the child was dead, and, with the placenta, was lying undisturbed in the bed. All efforts to resuscitate the child were unavailing, and, as the mother was unmarried, no regret was felt by her or her relatives. The day following, milk began to flow copiously from the breasts, and continued to do so continuously during sleeping and waking hours for several days, after which a gradual diminution in the amount of milk and in the size of the breasts showed that the latter were being drained of their supply. At no time was there any tendency of the breasts to cake or become painful, and moreover, nothing in the appearance of the ducts or the breasts gave any clue to the cause of the occur-

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rence. On the eighth day, the flow had diminished to a slight oozing, and the breasts were only a little larger than before pregnancy. While the flow was most copious it was necessary to apply absorbent cotton to take up the secretion and prevent the bed-clothes and mattress from being completely saturated.

An aunt of the patient informed me that in her own case, the breasts behaved in a similar manner, and that five weeks after confinement her milk was entirely dried up, and she was obliged to nurse her child by the bottle.

I read with interest the papers on rheumatism in the May issue, but have had such good success myself with a recipe combining the most popular forms of routine treatment, that I see no reason for changing. My recipe is as follows:

℞ Sodii salicylatis.....drams v
Potass acetatis.....ounces iiss
Antipyrine.....drams v
Aquae q. s. ad.....ounces x
M. Sig.—Tablespoonful five times a day.

To this mixture morphine can be added if desired. The advantage of this recipe is that it combines the efficacy of the salicylic treatment, the alkaline treatment and the antipyretic and analgesic treatment.

In pneumonia I have had excellent results with the following recipe, which I use only after abortive treatment has failed:

℞ Tr. strophanthi.....drams iij
Alcoholic solution of nitro-glycerine (1 per cent).....gtt. xxiv
Tr. nucis vomicae.....dram vi
Elixir aurantii q. s. ad.....ounce iv
M. Sig.—Teaspoonful every four hours.

As the effect of the strophanthus and the nitro-glycerine is to dilate the capillaries, I prefer them to digitalis, which contracts them. The nux vomica stimulates the respiration. With this treatment I also give carbonate of ammonia and alcoholics, with nutritious, easily assimilated liquid food.

In regard to Dr. Parramore's case in the April number, page 131, I beg to differ from Dr. Waugh's diagnosis, as given in the May number. Dr. Waugh considers the tumor of the baby's head as due to deficient ossification, but as it was not present at birth, that diagnosis is improbable. I consider it a case of cephalhematoma, a not uncommon occurrence, and described in all the text-books on obstetrics. I have seen several cases.

The case of hematuria described by Magnolia, page 165, May number, is perhaps due to villous or vascular growths in the bladder. An endoscopic examination would be interesting.

In regard to dispensing or writing prescriptions, I think it well for the physican to keep on hand certain standard remedies, and mixtures which he frequently prescribes, but the effort to dispense entirely, only leads in certain cases to giving the most suitable remedy *in stock*, rather than the very combination he thinks the case demands.

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Dispensing.

Editor MEDICAL WORLD:—While perusing the pages of your valuable journal for May, I came across the "The Pharmacist's side of the Question," page 175, by A. M. Kotzehue, druggist. The pharmacist's side is the dispensing side. The last sentence of the article "I say live and let live," is what prompted me to write these few lines. I am of the same opinion and say "live and let live." This question—shall a physician dispense his own medicine—to be settled by argument must be confined to a proposition, and hence I lay it down. Physicians should keep their own medicines, because it is RIGHT.

1. In so doing he saves his patient money, and it is his business to work in the interests of his patrons.

2. He saves himself money.

3. His patient gets what is prescribed—nothing else, and hence he gets better results and his patients better service.

4. It gives the physician greater influence among the people and he becomes the first man and the most important. As it is now he is second and dependent, while the druggist is first and independent.

The practice of medicine, not the practice of prescription writing, and the druggist's business are two and separate businesses and ought one not to be dependent upon the other. The druggist can live and get rich selling patent medicine, perfumery, paints, oils, varnishes, brushes, glass, crude roots and barks, quinine and many other medicines bought by the people upon their own prescriptions, sponges, slates, books, jewelry, cutlery, cigars, soda water, mineral waters, etc., etc., etc., and it is only right that the physician should be allowed to dispense his own medicine. The sooner we do it the sooner we will make the dollars which are rightly ours. MEDICUS.

Emporia, Kans.

Prescriptions or Dispensing.

Editor MEDICAL WORLD:—Eighteen years ago I wrote a prescription for rheumatism. The patient was promptly cured. He sent so many cases of rheumatism to the druggist that he finally put up the medicine and labeled it "No. 1999, The Great Rheumatic Remedy." My patient paid me not a cent. The druggist has sold hundreds if not thousands of bottles, charging $1.00 per bottle. Let us do our own dispensing. A POOR DOCTOR,

Who has aided to make many rich druggists.

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On the Treatment of Tuberculosis.

Editor MEDICAL WORLD:—From time immemorial the destructive influence of consumption on mankind has been recognized by the medical profession. In the writings of the early Greek physicians we find the disease referred to and a belief in its contagiousness may be traced down from the days of Esculapian era. In studying tuberculosis we notice that it is one of the most widespread of maladies, existing in all countries, affecting all races, and widely but rather unevenly distributed among the domestic animals. In this connection we have to consider an important etiological fact, and that is the frequency of the disease among those animals that are most used by us. as food. The bovines seem to be prone to tubercular lesions, and it is from this class that we derive a very large amount of food under the form of milk and flesh-meat.

We note in the literature of the disease that in all times medical minds have been found bending their energies towards perfecting therapeutic measures. The maleficent magnitude of the disease and its hopelessness as regards curability have spurred on investigation and aroused sympathy, but treatment was necessarily empirical, as nothing was known concerning causation. A new era was, however, opened up when Koch demonstrated the exciting cause of the disease, and now opportunities arose for the study of specific treatment and prophylaxis. Leaving out for the present all consideration of prophylactic measures, after the discovery of the bacillus tuberculosis, scientific treatment of the malady required the exhibition of some antagonistic reagent or remedy that would attack the exciting factor of the disease in the tissues wherein it was producing the disturbance. In the laboratory many such agents were experimented with and found to be of service, but when clinically used the results were disappointing even in carefully selected cases. A glance at the matter from a physiological standpoint will explain the reason. The absorptive mechanism of the economy is situated in the small intestine and in order to reach this locality, the remedial substances would have to pass through the stomach and from thence into the duodenum. Now into the duodenum there are poured the secretions of the pancreas, of the liver and that of the glandular apparatus of the intestinal mucosa. While there is a certain amount of absorptive power in the stomach, it is slight as compared with the activity of the special machinery prepared for such function, which is in the tube further on. Granting that a small amount of the drug would be absorbed in the stomach, and granting that the functional activity of the stomach would not be called into play by the drug, the greater part of the substance would pass into the gut where it would be exposed to the action of the digestive secretions found therein. In other words the remedies would be digested and both chemically and therapeutically so changed that, by the time they would be absorbed, they would not serve the purpose for which they had been given. For this, if for no other reasons, it would seem as if the correct mode of administration would be to inject the agents directly into the blood, and allow them to circulate without having been subjected to the influence of the secretions of the alimentary system. While we must not lose sight of the fact that the last step in digestion occurs in the blood, and while we must not forget that in this same blood there are always going on most complex chemical processes, still drugs injected into the blood escape digestion. Acting in accordance with this mode of reasoning, for some time I have been experimenting with the hypodermatic exhibition of various remedies in tuberculosis, and, after Drs. Shurley and Gibbes had described their treatment, I paid special attention to their method and began to use it in my practice. After careful observation and study, I have modified somewhat the above-mentioned method and feel safe in making the following deductions:

Under the mode of treatment to be described, in selected cases and in cases in which the disease is early brought under our care, the activity of the exciting cause of the lesion can be inhibited or arrested; in other words, a cure can be affected. This result can be attained even in cases that are quite far advanced. In severe cases, where the process has so far progressed that a cure is out of the question, the life of the patient can be extended and his condition be rendered more comfortable.

The consideration of the treatment of a tubercular patient is a study of numerous details, each requiring equal attention. His surroundings, his general hygiene, clothing and and food, his daily routine and habits all force themselves upon our notice, and each detail commends itself to us as forcibly as every other, and each one is as valuable as every other. If our patient be wealthy and our plan can be literally carried out, our work is much easier than if he be in more humble circumstances. First, and irrespective even of climate, he must be the greater portion of the day in the outside air. Out-door life is a *sine qua non* for success. If he possibly can afford it he should live in an equable, pleasant climate and in not too high an altitude, if the disease be rather

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far advanced. High altitude need not be forbidden in incipient cases, or in the early history of a given case, but it is harmful after the pathological process has made much head-way. I have seen great benefit in cases sent to live in the magnificent climate of Southern California, and can recommend very strongly Paso Robles, in San Luis Obispo County. But it is not every patient who can be sent away, and most pronounced success can be attained and marvelous results accomplished in almost any climate. The first condition to be looked after is with regard to the patient's occupation. Clerking, book-keeping, all indoor work must be changed. The man or woman, as the case may be, must lead an out-door life; he must be out-doors the the greater portion of the day, and attention must be paid to his clothing. These patients should at all seasons of the the year, wear complete flannel underwear, from the neck to the wrists and ankles. They should be taught to breathe properly, never through the mouth, but always through the nasal channels. Their diet must be nutritious and easily digested and strict attention must be paid to the excretory apparatus. The sleeping room should be large and airy, with free ventilation, no heavy, stuffy upholstery of hangings, and even in the coldest weather the top sash of one of the windows should be more or less opened. I always try to have it arranged so that the individual may have two rooms adjoining and communicating the one with the other, one to be used as a dressing room in which he is to dis-robe at night and dress in the morning, the other to be occupied exclusively as a sleeping apartment. The bed should be placed in the center of this room, and there should not be here any heating apparatus, as register for furnace heat, neither should there be a fire or light either from gas or lamp. Nothing, in fact, that can vitiate the air. In ordinary cold weather this room need not be heated in any way, but plenty of warm bed-clothes should be on the bed. The patient must undress in the outer room, have the bed-clothes turned down and ready for him, put on a pair of woolen slippers, if necessary throw a shawl over his shoulders and quickly get into bed. In the morning, in the same manner reach his dressing room, where, when required, there should be a grate fire, have his body rubbed down with coarse towels or flesh brush, and then dress himself. Never should any clothing worn during the day be kept on during the night, and in cool or chilly weather a night-cap of not too heavy material is beneficial. In very cold weather the sleeping room may be heated from the ante-room. These people should not go to churches or theatres or places where human beings congregate or where the air is impure, and we must insist that they sleep alone, for their own good as well as that of others. The air they breathe must be as pure as possible, and this is one reason why country places are so beneficial to them.

In treating and managing these cases we must remember that every case will require some especial attention, and we can not lay down an iron-clad rule that will suit all. Particularly is this true in treating incipient cases or those in whom we find a marked tubercular diathesis, and cases in which the disease has already made some headway. In many youths of tubercular tendency or in cases where the disease is in its incipiency, bathing, judiciously managed, will be found very beneficial, especially with salt water. Surf bathing, however, is *not* recommended. Care must be taken after each bath that a normal reaction is induced and massage, the use of the flesh brush and rubbing with coarse towels must be resorted to. In those in whom the disease has progressed to any extent, bathing will nearly, if not quite always, have to be omitted, simple sponge baths being given. This on account of the depressing effects of general bathing.

An important matter to be remembered is to prevent the patient doing too much; over-fatigue is harmful.

One thing I would here impress upon the medical attendant, and that is to watch each case carefully and treat it on its own merits. Just because a certain plan of living and treatment is benefitting Mr. A., is no reason why Mr. B. should be subjected to the same in every respect. In fact, what would be of great service to one might be very deleterious and detrimental to another. Regular habits as to eating and retiring and arising ought to be inculcated. I like to have my patients go early to bed; this prevents their sitting for hours in the evening in a room where the air is being vitiated by gas or lamp light, or where the air is being poisoned by the exhalations from the lungs of others. They should have plenty of sleep, and in summer the early morning air is particularly grateful. I have a great deal of confidence in the beneficial effects of sunlight. A sun bath ought to be taken every day possible, the entire body being exposed naked to the beams of the sun. When in the house a sunny room should always be selected in which to sit.

If we could prevent every person belonging to a tuberculous family, or every person with a tubercular diathesis, or every person suffering from tuberculosis from marrying, it would not be very long before we would be able to

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lessen materially the formidable list of diseases we have to cope with. This, unfortunately, we cannot do, but we can impress upon those we have to treat and teach, the importance of not procreating their kind as long as any tissue of their body reveals the existence of the Koch bacillus. We ought to be able to show to those persons who have a marked tubercular diathesis, with a bad family history, the injury they will be doing to the community in bringing into the world children it would seem made but for suffering, and the injury they will be doing to themselves. Especially is this true with regard to women. A woman suffering from the mildest form of the disease, or even a woman with latent tuberculosis should never think of subjecting herself to gestation and parturition. If she does, she is simply sawing wood for her own coffin.

As regards medicines: first, I would expel from the materia medica cod liver oil and all preparations and substitutes for the same. It is pitiable to see a man whose digestive and absorptive apparatus are out of gear, whose whole system is below par, drenched with the foul smelling and still more foul tasting stuff. It does no good at any stage of the disease, and I believe does absolute harm. Tonics should be given, iron, the hypophosphites, preparations of malt, etc., in a word we should exhibit and use analeptic remedies and measures, but never any drug or mixture that would disturb the stomach. I do not prescribe cough mixtures. They nauseate the stomach and interfere with digestion. Rarely will one be needed, but in those exceptional cases in which the cough would require one, I use codeine. Judgment must be exercised as to the use of liquors. There is no use in turning your patient into a dipsomaniac, or making him a total abstainer. The excellent effect of wines and ales must not be lost sight of. A glass of pure ale just before dinner will often give a natural appetite and relish to a meal that would have been slighted without it. A glass of light wine given at bed time will often insure a sweet sleep that could not have been produced by morphine or chloral. In connection with general management, I need but call to your mind the importance of carefully collecting and thoroughly destroying the patient's sputa.

Now as to the special plan of medication. I use creasote by the mouth and solutions of iodine and gold hypodermatically. Beginning with one drop of creasote three times a day, I increase until I reach the maximum dose that the patient is capable of standing. This maximum dose is gradually reached. The hypodermic medication consists of a solution of iodine and a solution of gold given on alternate days, but so arranged that every day the patient receives an injection of one or the other. Beginning with one-twelfth of a grain of iodine, I gradually increase until he is taking one-sixth of a grain, while as to the gold I commence with one-fifteenth of a grain and increase until I am exhibiting one-sixth. In giving these injections one precaution must be attended to and that is—the physician must use an aluminum syringe with a platinum needle. Where the night sweats are a prominent symptom I administer picrotoxin, and I have had a great deal of success in giving as a tonic, Blaud's furruginous pills with arsenious acid. By this plan I have treated a large number of cases successfully, that under the old mode would of a certainty have gone on to a fatal termination. Of these cases the two following are selected as examples.

Case No. 1. Tuberculosis Pulmonalis—Result—Recovery.—Miss Blank, *aetat* 28 years, family history bad, one brother and three sisters dying of consumption. History of tuberculosis in several generations. She herself enjoyed good health up to about two years ago, when she began to suffer from severe cough, most pronounced in the morning; soon after this, chest pains supervened, at first sharp in character and appreciated only during coughing spells, later becoming dull, heavy and quite constant, with sharp exacerbations accompanying attacks of cough. The cough at first dry and hacking, within a comparatively short time became loose and soon associated with greenish-gray nummular-form sputa, sinking when spat in water. For some time she has complained of being feverish and for the past year has suffered from severe night sweats, loss of appetite, loss of strength and progressive emaciation have been prominent symptoms, especially for the last twelve months. Examination reveals classical symptoms of tubercular degeneration in upper portion of each lung. Defective apical expansion, increase of tactile fremitus and dullness on percussion. Jerky respiratory rythm, bubbling moist rales, increased vocal resonance, bronchophony and pleutitic friction sounds are heard on auscultation, in the portions of the lungs unaffected by the disease there is more or less harshness of the respiratory sounds. Patient is thin, emaciated, with sunken cheeks, supra and infraclavicular hollows, long and narrow thorax, wide intercostal spaces, hippocratic scapulæ and a somewhat depressed sternum. Examination of sputa by Ehrlich-Weigert method reveals abundance of bacilli Kochii. She was at once placed under the plan of treatment before outlined and in three months her improvement was so marked she was hardly recognizable. Cough and night

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sweats entirely disappeared after one week's treatment. The appetite became normal, chest pains passed away, strength gradually returned and examination of hawked-up sputa shows entire and absolute absence of the bacilli. Physical examination of chest reveals arrest of lesion and evidences of cicatrization of diseased pulmonary tissue. This is eight months ago and to-day she is perfectly healthy. This case is one that re-acted very rapidly to the treatment, and shows what good can be done even where considerable advance has been made by the disease.

Case No. 2. General Tuberculosis—Typhoid Form—Result—Improvement.—Mrs. Blanque, *aetat* 23 years, family history bad, had fairly good health up to the birth of her baby, two years ago, following which event she suffered from progressive loss of appetite, loss of strength and cough. Eight months ago she had an attack of what her physicians said was typhoid fever, from which she did notr ecover, but remained sick and in a weak, depressed typhoid state. Two months ago she was told by her medical attendants she had not many days to live, and at this time she came under my care. I found her in the following condition: very weak and extremely emaciated, confined absolutely to bed and unable to move without assistance. Pulse very rapid and feeble, varying from 108 to 120 and non-dicrotic, temperature ranging from 97°f. to 102°f., highest in the evening, although very irregular, respiration from twenty to twenty-six per minute. Prominent symptoms are cough, obstinate vomiting and profuse diarrhea. Enormous number of bacilli Kochii in sputa. Every night she suffers from drenching sweats and there is more or less headache and nocturnal delirium. Patient quite cyanosed. Examination reveals physical signs of diffuse bronchitis with scattered foci of broncho-pneumonia. Abdomen tender and swollen with pronounced meteorismus. She complains of tormina accompanying each movement of the bowels.

The treatment was as follows: she was put in a large, sunny and well ventilated room, medication was by the exhibition per orem of creasote and the iron and arsenious acid pill and by the hypodermic administration of iodine and gold. Her condition at once began to improve, vomiting now has ceased, her tempearture more nearly approaches the normal, pulse rate is reduced and heart's action is stronger, delirium has disappeared, pain in head and chest very much reduced and now inconstant, and the night sweats are arrested. Her appetite is very good, she eats heartily and has gained ten pounds; sits up a couple of hours every day and sleeps well at nights. The diarrhea is somewhat less and pains following defecation not quite so severe. Of course I do not look for recovery in this case, but her life has been lengthened and her general condition vastly improved.

In all cases the patient should be weighed on the same scales, if possible, once every month and examination made about once every month of the sputa for the bacilli.

CHAUNCY F. CHAPMAN, M.D.,
Clinical Instructor in Medicine College of Physicians and Surgeons, of Chicago, Illinois; Member Chicago Pathological Society; Assistant Medical Inspector to Commissioner of Health, Chicago.
252 Warren Ave., Chicago, Ill.

Dry Labor.

Editor MEDICAL WORLD:—On page 125 of April number I find an interesting case, reported by J. W. Taylor, M.D., of Salt Lake City, Utah. I say *interesting*, because it brings to mind a similar case that fell to my lot in practice in the year 1880, while residing in the village of S., in the state of Iowa.

On the morning of April 18, I was called to attend Mrs. B.— in her fourth accouchment. On my arrival Mrs. B., in much anxiety, asked me if I thought that she could be delivered at all, stating that the old Dr. S.— had declined to attend her, for fear of trouble, expecting a difficult labor, as the membranes had ruptured and the amniotic fluids had escaped on March 21st, just twenty-eight days previous. My reply was, "After I have made an examination I can tell you more about it." Having found the presentation to be vertex and the position 1st and pelvis large and roomy, with a head presenting of but medium size, I made the following reply: "Your labor will no doubt be tedious, as all dry labors are; but I see no reason why you will not be delivered with safety, in due time."

The case proceeded very slowly to a favorable termination, and she was delivered of a living, well developed healthy girl baby, and it still liveth, a maiden of thirteen years and two days.

The interest to me was the favorable termination, following the supposed (would be) difficult case, foisted onto me in order to get me into a dilemma from which I could not extricate myself and thus break me down, as I was a new comer in the town, and the competitor of the old Dr. S.

On page 127, W. K. Harris, M.D, of Mulvane, Kansas, recommends the "Sterling Remedy" for the cure of the tobacco habit. Doctor, let me say to you, that I used tobacco, by chewing and smoking too, and that for a

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period of twenty-three consecutive years, and cured myself, without a single dose of medicine. I saw that it was injuring me both physically and mentally, and that it was best for me to quit its use. I accordingly made up my mind to desist. I brought my grit into requisition, and have not used it since, now several years. An iron will does wonders if rightly exercised.

Graysville, Ind. E. J. YAGER, M.D.

Thrombus of Arm Following Child Birth.

Editor MEDICAL WORLD:—A brief history of a late case of mine may be of interest. It is my first experience of the kind in a ten years' practice, and I hope it will be my last.

On March 22d, I attended Mrs. A. G., aged twenty-four, in her first confinement. She was a very slender little body, had a normal labor and gave birth to a small, but healthy, well developed child. On the twenty-third she was doing nicely, but after taking a laxative on the twenty-fifth, (which had its proper effect upon the bowels), she was unable to urinate. Saw her on the morning of the twenty-sixth and by means of the catheter relieved her of a large quantity of water. Her other general symptoms were good. The nurse drew her water the next day, and the day following she was again able to evacuate the bladder herself. On the night of the thirty-first I was sent for hurriedly to see her and found her with a pulse of 140, temperature 105⅘, lochia free. The left arm was swollen to its full extent from the axilla to the finger tips, and was extremely painful and sensitive to the touch; in color it resembled that of phlegmasia dolens. April 1st the arm looked better and her every symptom was improved, pulse 90, temperature 102°. April 2nd in the forenoon she seemed still better (from the nurse's account), but when I saw her at 3.30 P. M. she was in an unconscious condition and died in about half an hour after. At 3 P. M. she was taken suddenly worse, became unconscious at once and never regained consciousness.

Was not this a case of phlegmasia alba dolens, only affecting the arm instead of leg? It seems to me that the history and termination all point to embolism. If not, what? I can find no reference to a similar case in any authority I have.

Would like to hear the opinions of others.

CHARLES P. MCCABE, M.D.

Greenville, N. Y.

"MONEY TALKS."

Dr. J. J. Taylor.—Allow me to say in regard to the "Physician as a Business Man," that I received $5.00 of value from it, ere I had the book fifteen minutes.

Yours very truly, GEO. S. HAZARD, Ph.G., M.D
1 Blue Hill Ave., Boston, Mass.

She Did Die

Editor MEDICAL WORLD:—Noticing Dr. J. F. Locke's case in May number of THE MEDICAL WORLD brings to mind a case I once had where "she did die." I have wondered many times since, why life could not have been preserved where nature seemed so inclined and tried so hard to throw off the consequences of a miscarriage. I was called the evening of March 2d, 1892, to see M—, aged 32. A most perfect type of strong, vigorous and healthy womanhood. She never miscarried and was in the twenty-ninth week of her fourth pregnancy. She had been exceptionally healthy up to this time, except that some three or four days before she had noticed some dribbling of water, and twenty-four hours previous what she thought was a foot came down. After putting it back, and lying still for a few minutes, she got up but it would not stay; but there being no pain she was not alarmed. Her husband considered it best, however, to have something done. On digital examination I found a hand and arm presenting. I dilated and performed podalic version. The placenta, which was firmly adherent, was delivered by "peeling it off" with the fingers. After giving a vaginal antiseptic injection and leaving instructions as to cleanliness, I left my patient feeling quite comfortable, In twenty-four hours, however, we had a case of peritonitis with all its horrors to deal with.

I tried the sulphate of magnesium treatment thoroughly, we reduced the respirations to five per minute with powdered opium, used flax seed meal applications, etc.; but all to no avail. On the ninth day she died, "she did die." Could she have been saved by tapping with the trocar and canula? D. L. SIGWORTH, M.D.

Sioux City, Iowa.

[There would have been little hope from the paracentesis suggested by the Doctor. The only operative procedure that would have offered any prospects of success would have been laparotomy, with thorough evacuation of all effusion and antiseptic washing.—ED.]

Hemoptysis and Fibroid Pneumonia with Heart Lesion.

Editor MEDICAL WORLD:—Mr. H. M., aged 19 years, came to me stating that he had been in the previous week spitting blood and that he felt weak immediately afterwards and faint.

Remembering that in the winter previous he had suffered an attack of *la grippe*, it was thought at first, that the troubles came as a result of that affection, but upon a closer examination it was determined that the cause lay in the pulmonary organs, to some extent at least. On inspection it

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was seen that pharyngeal congestion, as well as nose bleed of slight extent, were present and that probably blood had also come from congestion of the bronchial mucous membrane.

Treatment.—To combat the congestion digitaline, ergotin and strychnine, one granule of each together, every two, three or four hours, according to necessity; on third day the patient was again seen and found better.

No more hemorrhage having occurred, I continued the granules, one of each together, every three hours for three days, then every four hours.

Two weeks have elapsed and the patient has been improving gradually, with no more fainting spells. Says he feels "very good," appetite and digestion good; both were rather poor for some time before this. He was given a quantity of the same medicine to last about four days, and told to return when all was gone. He returned, however, in about two days stating he had had two hemorrhages that day, and that they were quite severe. He showed the effect of these as he was quite pale and weak. Upon questioning him it was found they had followed closely upon violent physical exercise, although he had been forbidden such exertion.

It was now discovered, on closer examination, that fibroid pneumonia and mitral regurgitation were at the foundation of the trouble and that the pneumonic process was secondary to the heart lesion.

These conditions were explained to his friends and they were told that the prognosis ought to be fairly good as to the prolongation of life, for the lung process, unless tubercle bacilli should invade the pulmonary structure, is essentially a chronic one.

The mitral lesion, it was stated, is incurable, but that he could be made to feel more comfortable and perhaps greatly improved in every way, besides.

The tincture of cactus grandiflor. was prescribed for the hemorrhages, which were relieved promptly, he having had only a slight one since that time, now nearly three months since.

Cactenin, from the above named plant, after the first few days, in place of the tincture, was prescribed to strengthen the heart and prevent return of the attacks.

As a propyhlactic of tubercular infiltration, maltine with hypophosphites was administered in teaspoonful doses with meals, alternated weekly with maltine and cod liver oil in the same doses after meals.

The result is, no more hemorrhages, improvement in weight and in general strength (it must be added, however, that quassine and arseniate of strychnine were given one granule of each together three times a day before meals as local and general tonics to arouse the digestive forces and improve assimilation of food), complexion better, showing improvement in hematosis, heart's action stronger and more regular.

He has no more fainting spells, which formerly were so alarming, and altogether he has gained very considerably, but of course the valvular lesion can still plainly be noticed.

Philadelphia, Pa. W. C. BUCKLEY, M.D.

Notes on Diphtheria.

Editor MEDICAL WORLD:—The March number of THE WORLD is an exceedingly valuable one to the physician. No amount of theorizing, hygienic work or laboratory work or sanitation has as yet gotten rid of the liability to diphtheria arising in any family. In the city, from the slums to the palaces; in the country, from the hovel to the mansion, this disease may appear at any moment. Though bad sewerage, filth and contagion are the most frequent causes of the disease, there is a residuum which cannot thus be explained. I have seen the most malignant cases arise where careful examination excluded all these factors, and a failure of the disease to arise where these factors were constant. I cite one illustration. A street in the outskirts of a country village containing five good, cleanly, well-appointed houses, taking their water supply from a distant spring, remote from any house or drains, dry soil, careful sanitation, was suddenly attacked in the first part of December with malignant diphtheria. Existing below this street, at a short distance and down a declivity, was another street nearly parallel, having several tenement houses; within this street ran a trickling stream of water, receiving the drainage from the infected houses, situated at the higher altitude. In this low lying street no cases of diphtheria occurred during this epidemic, but the following year afforded two cases of croup in one of these houses. Diphtheria had not prevailed for years in that neighborhood, and the epidemic which occurred at this time was limited to a sharply defined area. I presume many country physicians can relate similar observations. However, such observations *do not negative* the value of thorough sanitation and quarantine, the value of which has been attested many times. It is the duty of every town, village and city to establish as rigid a quarantine when diphtheria exists as when small-pox prevails. It is simply criminal to omit it, as many lives would be saved in quarantining against diphtheria as against small-pox. Small-pox could be stamped out; no method is yet known to stamp out diphtheria, but its ravages can be greatly limited by thorough quar-

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antine and sanitation. No member of an infected family should mix with the public even upon the streets until all danger of transmission of the contagion is passed; this rule should be made obligatory in the country as well as in the city.

It is interesting to read over the list of remedies used in the treatment of this disease, and which shows that no specific is as yet known which destroys or even actively inhibits within the domain of safety to the tissues of the body, the bacilli, streptococci and resulting toxines. Acids, either alone or united to a base, have a wide and almost universal use, especially so the chlorine compounds. The tr. ferri chloride plays a double role, an antiseptic and a roborant, so also do the ammonium and potassium chlorides; mercury chlorides (as well as the binodide and cyanide), have come more and more into notice. I think there can be no question as to the beneficial action of the chlorine, iodine and mercurial compounds in destroying the bacilli or cocci, and toxines developed by their growth, a tox-albumen which is a virulent poison when absorbed into the system. When some agent is obtained which will destroy the bacilli and cocci, or neutralize the ferment formed by them without injury to the system, an ideal treatment will be reached. There can be no doubt that the paralysis (or neuritis) "heart failure," albiminuria, are due to microbic origin and the resulting toxic albumenosis. Herein it seems to me our treatment should be primarily directed. As yet the chlorides receive the larger preference in treatment. Iodine as a local application is deserving of much confidence, especially in union with carbolic acid. My every day application to all membranous throat, diphtheria, pseudo-diphtheria, follicular tonsilitis, is tr. iodi, either pure or diluted, and in connection with carbolic acid, the strength being proportioned to the frequency of the application—the oftener the application the weaker the agent. The formula of Dr. Ingraham, of Philadelphia, (March WORLD, page 78) is an excellent one. Another is the following:

R. Acid carbolic .....gtt. viij.
Liq. ferri sub-sulphat.....,...dram j—dram ij.
Glycerin.....ounce j.
M. S.—Apply on a swab once in four to six hours, using Dr. Ingraham's formula in the intervals.

As the throat becomes cleaner the strength of the iron solution and the frequency of the applications must be diminished. Applications in acute faucial diseases should not be irritant, least of all caustic.

But it is to nasal diphtheria which I wish to call especial attention. Tonsillar exudation is in sight; nasal is frequently hidden, but can be diagnosed by the following means. If the physician is an adept in the use of the forehead mirror he will find it a great addition to his armamentarium, as with it at any time, when only a candle can be obtained, a bright light can be thrown well back between the faucial pillars and into the nasal cavities and the amount of exudation in quite a large portion of the nasal tract can be observed. There is also obstruction to respiration through the nose, which is very noticeable when the patient sleeps. An almost pathognomonic symptom is the the swelling of the glands at the angle of the jaws, due to the absorption of toxines from the nasal and post-nasal surfaces. In no case should the inspection of the nasal surfaces be omited. I have seen the membrane confined to these surfaces alone, the tonsils being not at all affected. Nasal diphtheria is of greater gravity than tonsillar.

Whenever there are any symptoms of nasal invasion, irrigation of the nose should never be omitted, and as a routine treatment should always be carried out. If the patient will permit it, the best method is the use of a syringe, which terminates in a bulbous nozzle, fitting easily into the anterior nares. The syringe may be either glass or one of the Davidson or Fountain pattern. The syringe sends a larger stream of water than an antomizer, and with more force; as the applications have to be made quickly this is a matter of a good deal of moment. The child is to be held firmly and, preferably, in any other position than on its back; if an atomizer is used this position is not so objectionable, as the quantity of fluid is small, too small often times to permeate deeply into the nostrils. I have as yet had no ear troubles following nasal irrigation. The solutions should always *be used warm*. My preferences are: a dilute Dobell's sol., say 1-3, warm water to which is added common salt one dram, borax one dram, and glycerine one teaspoonful to the pint, to this five to ten drops of carbolic acid, may be added, or mercuric bichloride one to four grains, according to the amount and frequency of the use, or the bichloride solution may follow the alkaline solution, strength 1-2000 or 1-4000. Sometimes I have the nose flushed with the syringe and follow with the atomizer, containing the bichloride solution, *all warm*. Much depends upon the tractableness of the patient and the efficiency of the nurses. Thorough irrigation of the nasal canal will prevent the glandular swelling at angles of the jaw, and rapidly remove them even after their occurrence.

In making local applications in the throat I prefer to use swabs made of firm pieces of wood eight inches long, and one-quarter to one-eighth inch in diameter, (having several at hand for each case), slightly tapering at one end, which is slightly roughened so as to retain a pledget of

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absorbent cotton firmly, but which can at the same time be easily removed with the fingers or better with a pincette.

In treating threatening laryngeal stenosis calomel fumigations are certainly worth a trial. Place the child in a crib surmounted by an extemporized tent. At the foot of the crib, but within the tent, place a washbowl containing an alcohol lamp, and over it a tin frame adjusted so that the flame of the lamp will volatilize the calomel placed upon it; ten grains of calomel is the proper amount to use, and the intervals should be about two hours until an improvement occurs, when the intervals may be lengthened. Care must be taken that the nurses do not inhale the fumes too freely and that the child does inhale them freely.

It is both asserted and denied that mercury possesses the property of causing an early separation of the membranes, and of course some suppuration. I incline to the affirmative.

Of course the usual roborant course is followed; iron, quinine, cardiac tonics, as demanded. Alcohol in any shape, in my experience, is seldom largely taken. Easily digested food, milk, eggs, meat juices, Mosquera's beef meal, in soups, etc., in fact, any food which the child will take is given the preference. If the question is food or medicine, the former mostly gets the preference, as I have frequently observed that the refusal to take food is a symptom of bad import, and unless the nurses are of more than ordinary competency and discretion the little patient succumbs. Both the application of remedies and nutrition should be frequent; every half hour some antiseptic application should be made to the diseased surfaces, and no interval longer than two hours should elapse in the giving of nourishment. The physician should visit the patient frequently, it helps the morale of the nurses, and suggests to him many advantageous points in treatment. In no disease is less accomplished by writing a prescription, giving general directions and then going away for an indefinite period.

I believe it is always a good plan to cause the evaporation over heat of a mixture in a pan of water, consisting of tar, to which is added at sufficient intervals oil of eucalyptus and carbolic acid. Diphtheria is one of those diseases in which eternal vigilance is required for success, and no matter how long the series of successful cases a "short stop" is sure to come sometime to all of those remedies in which we have pinned our faith.

N. B. BAYLEY, M.D.

Haverstraw, N. Y.

EDITOR MEDICAL WORLD:—The contents of THE MEDICAL WORLD are worth ten times the price of it.

Reading, Pa. JNO. STEPHEN, M.D.

Rest in Diphtheria.

Editor MEDICAL WORLD:—I like THE WORLD, as it gives opinions and experiences of physicians from all parts of our country, and every active physician has something of value to the profession, if he will make it known.

The March number contains much of interest relating to diphtheria. I will venture a thought upon the management of all cases of diphtheria.

Observe the rule, applicable to all cases of inflammation—quietude. This being a very depressing disease, with a tendency to paralysis of the heart, avoid everything as far as possible, causing muscular exertion; also avoid frequent examinations of the throat, especially with a timid child.

Of course one careful inspection is necessary, but when that is done, be careful in the use of tongue depressors or probangs, or anything calculated to frighten and annoy a child.

I notice that all of the correspondents use the "old fashioned remedies" viz.: chlorate of potash, muriated tincture of iron and glycerine.

These are as near a *sine qua non* as any thing in the materia medica for diphtheria.

I use them in small doses, repeated two to four times an hour. Combined, they give us an alterative, refrigerant and antiseptic. By the frequent repetition of this compound, the buccal, tonsillar and pharyngeal membranes are kept moistened with a medium adverse to the propagation of baccilli. I discard gargles early in the disease, but when the membranes show signs of exfoliation and gargles are admissible, I find nothing better than hot milk, with eucalyptus globulus.

Use quinine and stimulants as each case demands and where nourishment can not be given per oram, resort to rectal alimentation. I have never seen any diphtheritic membrane form around the verge of the anus, by so doing.

N. F. BROWN, M.D.

647 Howard St., Detroit, Mich.

[We are convinced that the chlorate of potassium in all these mixtures is an unnecessary and injurious ingredient. Leave it out and the remaining ingredients will cure the case much more quickly. It is the *acid* element in these mixtures that destroys the disease micro-organism. By leaving out the potash there will be better results in controlling the disease and fewer cases of muscular paralysis, especially of the heart.—ED.]

Homeopathic Treatment of Urticaria and Pneumonia.

Editor MEDICAL WORLD:—I find on my table THE MEDICAL WORLD, and on looking through it, I see a case headed "Troublesome

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Case, Help Wanted," signed E. G. Detwiler, Herndon, Va.

His case of urticaria can easily be cured by apis mell. A few doses of the third trituation or of the dilution will cure his case.

I like to help a man in want of help, for in forty years practice I appreciate help.

Abortion of pneumonia: I will tell J. F. Johnson, of Martell, Wis., how to cure pneumonia five days, in half his trouble. Drop ten drops of the second dilution of aconite into a glass half full of water; two teaspoonsfuls every two hours until patient feels better, then every three hours until well. I was a regular fourteen years, but converted to homeopathy, I find it a much better way. I cure my patients quicker, easier, and better. J. K. EBERLE, M.D.

Pana, Illinois.

For Chronic Diarrhea.

Editor MEDICAL WORLD:—On page 134, April number of THE WORLD, Dr. E. L. S., requests help. Doctor, put your patient on the following. I feel sure you will correct his diarrhea:

Tr. opii camph.....ounce j
Magnesia sulph.....drams xxxij
Elix cascara sagra. qs. ad.....ounces iv
M. fit. sol. Sig.—Teaspoonful each morning after the bowels moves.

The above will cause an action after using for several days each evening, if no malaria is present.

Daykin, Neb. W. A. THOMPSON, M.D.

Granules for Neuralgia.

Editor MEDICAL WORLD:—In answer to Case No. 1, in MEDICAL WORLD, April number, will diagnose neuralgia. Arsenic and iron are the medicines to use in this case. Fowler's solution, five drops three times a day after meals, or ten drops given three times a day and discontinue for two days, etc. But since I received Prof. Waugh's Outline of Treatment with Dosimetric Granules, I have been following his advice. I give arsenic sulphide, one granule $\frac{1}{67}$ of a grain every two to four hours apart. If nerves are weak give strychnine arseniate $\frac{1}{184}$ of a grain granule every hour or two hours. Give large doses of acetanilide when pain is severe. Small doses of morphine combined with the acetanilide seems to allay pain quicker than either when given separately. Quinine hydroferrocyanate given in conjunction with the arsenic will help the case. I find the granules to be reliable and to act promptly. In order to acquaint one's self with the administration of the granules, buy Prof. Waugh's book on Dosimetric Medicine. I received my granules in mid-winter, when pneumonia was raging, and I left off the old treatment and commenced abruptly with my granules; every case recovered. Vratine and aconitine granules are best for fever. H. D. TYNES, M.D.

Tynes, Miss.

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required

Editor MEDICAL WORLD:—I would be glad to hear from any of the brethern in regard to diagnosis and treatment of following case: Mrs. F., aged twenty-eight, mother five children, has had swelling of right leg from childhood and has at present three large ulcers on external and posterior aspect of lower third of leg. Had not ulcerated but once before and when a child. With thanks to the treatment of Dr. Straley, (page 61, MEDICAL WORLD, 1892) all the ulcers are healing nicely. The swelling does not diminish much except when patient remains quiet. Have given internally syrup of hydriodic acid. What causes the swelling and is there any means by which I can relieve it? This was one of the first cases I was called to and in a new place. Therefore I will feel grateful for any help in entirely bringing about a cure.

I read eagerly every number of THE WORLD and get much valuable information.

Fort Hill, S. C. E. A. HINES, M.D.

Editor MEDICAL WORLD:—I came before you and your many readers once for assistance, and with such satisfactory results that I present myself again, and earnestly solicit the valuable assistance of the esteemed contributors to THE WORLD. My first case is one of lumbo-abdominal neuralgia, the result of la grippe. Patient is a married lady, aged 42. The trouble is in the left side. The whole distance from the lumbar spine to the abdomen and left groin is tender and aches more or less every day, but the principal seat of pain is just below the ribs on a line with the nipple. This place is always painful, but the pain is always worse about three or four o'clock in the morning, when she wakes up. At this time every morning the pain at said spot is almost unbearable, and the small of the back and region of side from the lumbar spine to left groin is sore as if pounded. Two years ago the patient had "grippe," which resulted in this neuralgia, and a very tender spot in the lumbar spine. This tender spine was

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cured by means of blisters. All the spinal tenderness is entirely gone. The lumbo-abdominal nerve is tender to pressure all around the side. No treatment has done much good. Galvanism has helped some by way of relieving for a day at a time, when the pain will return as bad as ever. Remedies given per oram were: Marcotys, rhus tox, bryonia, pulsatilla, arsenic, quinine, ergot, strychnine, syr. hypophosphites with iron, quin. strych. Still she suffers all the day, with regular aggravation in the morning on awakening. She is then so stiff and sore and painful in the left side that she can hardly move or turn over in bed. She is always easier after rising. The intense pain is not superficial, but rather deep seated. Any suggestions as to treatment for the relief or cure of this lady will be thankfully received, either by letter direct or through THE WORLD. I may add that morphine and atropine hypodermically relieve the pain for a few hours, but not permanently. It has been used only a few times and always makes the patient very sick, and she vomits afterwards. I prescribed her iodide of potash, but she could not take it, owing to its usual untoward effects. She has also an idiosyncracy against belladonna.

Case 2. A man of 40 years, business, storekeeper, has a dull aching pain below the left nipple, about the fifth intercostal space. Sometimes the pain is sharp. This pain comes every day or two, and continues for a few hours to a few days. It has troubled him for the last ten years. Business worry will bring on the pain. Some days he is perfectly free from it and will feel just splendid, and should anything go wrong or worry him, the pain will surely start up. This pain worries him very much and he is continually thinking about it. He is of a nervous-sangune temperament, face fresh, and when excited it is suffused. The left arm is sometimes numb, and the pain often extends along it as far as the elbow. He feels very much depressed when the pain troubles him. His appetite is good, and he is perfectly healthy every other way and strong. He has been treated by a number of good professional men without any permanent benefit. He has an impression the trouble is in his heart on account of the location of the pain, and because the heart beats loud when pain is worst, and he can hear the pulsations in his head when in bed. I could detect a slight blowing sound at the apex of the heart two months ago, but that has disappeared, under digitalis and tonics. There is absolutely no heart disease. My diagnosis is intercostal neuralgia. I have given him tonics, hypophosphites, acids, alkalies, anti-rheumatic remedies. Alkalies, particularly citrate of lithia, have relieved most. He is troubled sometimes with rheumatism in right arm and shoulder, and other parts of his body, and at these times the pain below the heart is worse. Let me hear, Mr. Editor; and readers of THE WORLD, as to diagnosis and treatment of this case, as it is of especial importance to me. I have treated him for over two months with but little benefit. Long live THE MEDICAL WORLD.

Holly, Mich. GEO. F. HUNTER, M.D.

Editor MEDICAL WORLD:—Will you or any subscriber kindly help me in the following case: Lady, twenty-five years old, married five years, no children, not pregnant. The trouble seems to be a recurrent vulvitis, coming on in about two days. Starts with pain and itching on labia minora, in twenty-four hours both labia on inner surface are covered with an opaque membrane. Inflammation without discharge or odor precedes membrane. This is third attack in two months, and she has been in bed most of the time since last attack or one preceeding this one. Very slight discharge from vagina, but patient has been very careful about cleanliness, using douche frequently. Husband says he has not had connection for a year with her, and I am positive it is not specific. She had first attack about six years ago. Urine normal, except in quantity. Treatment has been poultices, powders of bismuth, calomel, lycopodium, iodoform, zinc oxide and borax, with no apparent effect. After about ten days membrane peels off, leaving a red but not a raw surface. Swelling gradually subsides until another attack. I cannot detect any point of irritation. No history of onanism. Menses have never been regular. No disease of uterus. Complains of pain in abdomen, and had peritonitis about one year ago. Would be pleased to hear from all who can diagnose this, and give plan of treatment.

G. P. JOHNSON, M.D.
573 Sixteenth St., Detroit, Mich.

Editor MEDICAL WORLD:—I wish to ask your readers through THE WORLD for the best ointment for piles—an ointment that will give temporary relief in majority of cases. Also what will give castor oil a white or milky appearance without interfering with its effect—something that will not separate on standing?

"OINTMENT AND OIL."

Editor MEDICAL WORLD:—On the 17th of February last I was called to see a lady who had vomited everything she ate or drank until she was so reduced that I easily spanned the calf of her leg with my thumb and finger. She was literally skin and bones, as she weighed

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only 45 pounds, her weight in health being 105. She said she was with child "three months gone."

I made a digital examination and found the uterus as round as a ball and retroflexed, the neck being bent at a right angle. I tamponed her so as to relieve the retroflexion as much as possible, succeeded in checking the vomiting, and placed her on iron tonics and allowed all the nourishing food she could take, commencing with oysters and milk. After two weeks the hemorrhages that had occurred from two to three days apart and had been controlled by the usual remedies, failed to be releived and I was called for; knowing that I had to operate sooner or later, I went prepared and finding the os dilated to the size of a quarter of a dollar, I curetted the womb from os to fundus, finding the hydatiform mass attached to the uterine walls thoroughly, making it a tedious and difficult proceeding, as my patient was so exhausted that she could take no anesthetic except ¼ grain morphine with 1-150 grain atropine sulph. After cleaning the womb perfectly I washed it with a 1 to 2000, bichlor. hydg. and then swabbed it thoroughly with tr. iodine and carbol acid. I tamponed the vagina with Barne's dilator filled with water. She rallied nicely under glonoin, the womb contracting firmly and, after leaving a few doses of morphine ⅛ gr. I left her to the tender mercies of her mother, who was her nurse. Her improvement was fast and without a hitch of any kind, and after ten weeks she had gained forty pounds in weight, and is now as well as ever, and has no trouble with her periods whatever.

The question is, what causes this growth? It was, as she supposed, her third pregnancy and nothing different except the vomiting, from the others. The mass filled a quart measure, and intermixed throughout the mass were fibrous pieces resembling the after birth after the blood had been squeezed out of it. I called it a hydatiform mole, but it being fast grown to the uterine walls was more than I expected to find in a mole. This is my first experience in thirty-seven years practice with this kind of a tumor. I have removed a number of uterine cancers in the same way, but not one of them was more difficult to remove than this. Have any of THE WORLD readers had a similar case? I should like to hear from them.

Lakeport, Cal. DR. P. H. THORNTON.

Editor MEDICAL WORLD:—I wish some brother would contribute to me some rational treatment for a case of epileptic fits in a man of twenty years of age. The subject is well developed and apparently in good health other than the fits, which seem to come about every time the moon makes a change. I'm a young M. D., have never treated such a case; would like some older M.D.'s experience. Please let me hear from some of you through THE WORLD, or will some good brother write me in regard to the case. The fits are of light nature, just merely a flush and gone, though they are of eight years' standing. If I should have to take the case before hearing from the fraternity, I'll put it on a nerve tonic of iron and strychnine and use Peacock's bromides. How would that do? I rest and wait an early reply.

Summerfield, I. T. DR. SISK.

Editor MEDICAL WORLD:—Will some of the experienced readers of THE WORLD give their views of a case with the following history and symptoms:

Ethel S., aged ten years, fleshy and well developed, weight about ninety pounds. About two months ago she was taken suddenly with a spell, screaming and crying, saying "she was going to die." At the same time the action of heart was very rapid and the pulse at the wrist could hardly be counted. Complains of a heavy feeling in the chest, and has heaving sighs all the time she is awake. Now she has from two to three of those spells a day, but her heart does not trouble her like it did in the beginning. Appetite good, with no trouble after eating, though she has some fear about eating. She says "she is afraid she will suck bread crumbs down the wind-pipe." The family history is not good. Her grandfather died insane, (starved himself to death). One or two uncles were insane D. W. RAMER, M.D.

Baggetsville, Tenn.

Editor MEDICAL WORLD:—I enclose clipping from the *Chicago Record* of April 25, 1893. What is the explanation and what the law?

Is the right of a physician to write to any patient the details of any treatment to be questioned by law? Or is this case circulars sent out by a quack? I ask simply for "the good of the order." H. E. W. BARNES, M.D.

Macksburgh, Iowa.

PHYSICIAN FINED $500.

J. O. Ackerman, a physician of Fond du Lac, was to-day fined $500 in the United States court here for sending matter relative to the treatment of certain cases through the mails. The fine was paid.— *Wis. Kegonsa.*

Editor MEDICAL WORLD:—I beg to ask a question of the Editor or the readers of the excellent journal if there is any drug that is cal-

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culated to nourish and cause the fetus to develop in utero. After an explanation I will give my reason for asking the question.

Daykin, Neb. W. A. THOMPSON, M.D.

Current Medical Thought.

Consanguineous Marriages.

Dr. Felix Regnault, at the session of the French Association for the Advancement of Sciences, September 17, 1892, (reported in *Le Progres Med.*, No. 39), discussed this subject at length. He first noted the differences of opinion amongst authorities, and then called attention to the special point of his paper, viz., the intermarriage among families dwelling in the same locality, or what he called topographical consanguinity. He held that this kind of intermarriage had been not less distrusted than those of consanguinity of blood, and cited in support of this view the North American Indians and Australians. He had endeavored to find out whether there remained among civilized people any traces of similar customs. He had found, the more the inhabitants of any neighborhood intermarried among themselves, the more particular they were to avoid the marriage with near relations, and on the other hand, the more they married outside their neighborhood the less particular they were as to parental consanguinity. He had proven this fact for Hindustan. (*Bull. de la Soc. d' Anthropologie, 1891*).

He had since then examined the registers from many communes in different parts of France, and the following are among the results:

At Offranville (near Dieppe) from 1735 to 1750, 75.7 per cent. of young men married girls from their own commune. From 1873 to 1883, the per cent. was only 54.6 at Aix les Bains (Savoic). From 1800 to 1802, the proportion was 71; from 1875 to 1880, it was only 15.7.

At Abington, according to the researches of Mm. Lagard, there has been a great deal of intermarriage. The percentage was 95.7 from 1701 to 1706; 87.5 in 1721; 80.7 in 1778 and 1779. This proportion is certainly very much diminished when we take into account the practice in large cities.

There is more and more intermarriage in the different communes at the present time. The proportion of males marrying females in the same commune, which was about two-thirds in the last century, is now half. This is due to the great facilities of communication at the present time, which leads to the mixing of the population. While statistics earlier than the eighteenth century are inaccessible, it is evident that in feudal times, when communications were difficult, intermarriage within the limited communities must have prevailed. It is precisely at that period when the laws against consanguineous marriages were most rigorous and kings were subject to them; they extended even to the seventh degree. In the last century they were proscribed only to the fourth, and dispensations were allowed. At the present time the (Roman Catholic) church only forbids marriage between cousins german, and this prohibition is practically a dead letter, since dispensations are readily granted. These rigorous laws were effective so long as they were useful, in times past, and that they are now so nearly obsolete is due to the fact of their inutility in the present mixed populations.

A few localities have kept up the custom, formerly prevalent, of marrying within the community. These cases are vestiges of a former social condition, and to give them all their value it will be necessary to ascertain whether parental consanguinity, even remote, is not rigorously avoided.

This idea that marriage between persons from different localities attenuates parental consanguinity is not new, though it has not heretofore been applied to the human species. Darwin notes that farmers sow their fields with seeds coming from a distance, recognizing that they thus produce a better yield. Paul Reclus cites that in Orthez the protestant population intermarry exclusively amongst themselves, to the damage of their physique; they are undersized and otherwise defective, and include a great many epileptics, for whom they have special apartments constructed in their houses. Thanks to the railroads, however, this disease is becoming less frequent among them, as their marriages have on this account become less exclusive, though always in their own faith.

As a practical conclusion, it follows that when the physician is questioned in regard to marriage between relations, he should not confine himself to ascertaining whether the individuals are healthy, vigorous and without hereditary taint, matters which he should consider in any case when his advice is asked in regard to marriage, whether consanguineous or otherwise, but he should also inquire whether the parties have resided and been brought up in the same place and in the same surroundings. If this be the case, it may be well to suggest some restrictions as to marriage.—*H. M. B., American Journal of Insanity.*

Camphor Mono-bromide.

Has been found efficacious in cases of spermatorrhea where all other remedies had failed.

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A Plant to Suppress Malaria.

Dr. Brandes, of Hanover, calls attention to the properties of the *Anachais alsinastrum*, a water plant which has hitherto been considered an unmitigated plague, choking up rivers, and altogether useless. He has remarked that in the district where he lives, and where malaria and diarrhea yearly appeared in a sporadic or epidemic form, these diseases have gradually decreased since the *Anacharis alsinastrum* began to infest the neighboring rivers and marshes, and since four years have totally disappeared. The above-named water plant nourishes itself on decayed vegetable matter, and grows with incredible rapidity. It thus destroys the germs which produce malaria and diarrhea; and besides, its presence obliges the frequent cleansing of standing waters—a measure beneficial to health. Dr. Brandes therefore proposes that the experiment should be tried of planting the Anarcharis in the marshy districts. It is also useful in protecting the young fish, and affords an excellent fertilizer. The plant came originally from Canada, whence it was taken to England, and thence to Germany about 1840.—*Druggist's Circular*, March, 1893.

For Sweating Feet.

A wash alone will not cure the trouble. Dusting the feet every morning with a mixture of tannin and salicylic acid, with a pinch of same in each shoe, will generally give relief. But where this fails the following is said to be a sure cure:

R. Boric acid.....80 grains
Borax
Acid salicylic, ...aa.....½ ounce
Alcohol.....2 ounces

Mix: rub the feet morning, noon and night with this solution, after washing them well in hot salt water or your permanganate wash.—*Indiana Pharmacist.*

Treatment of Gonorrhea.

Dr. W. S. James, of Cleveland, O., writes us that he has employed the following injection with excellent results in the treatment of a case of chronic gonorrhea, where solutions of sulphate of zinc, nitrate of silver and bichloride of mercury proved inefficient, and that he has derived equal benefit from it in acute cases:

R. Boracic acid.....drams iss
Tincture of iodine.....drams ii
Glycerine.....ounce i
Distilled water.....q.s. ad.....ounces iv
M. Sig.—To be used as an injection, morning and night.

He would like other physicians to give this formula a trial.—*International Journal of Surgery.*

For Warty Vegetations of the External Genital Organs.

The *Bulletin Gen. de Therapeutique* recommends the following formula for warty vegetations of the external genital organs:

R. Salicylic acid.....2 grammes
Acetic acid.....30 grammes
Mix. External use.

Apply to the vegetations once or twice in twenty-four hours, by means of a small brush, two or three applications being sufficient. The pain is slight and transient, which is an advantage.—*Cin. Lancet-Clinic.*

Notes on New Remedies.

Barium Chloride for Epilepsy.—Barium Chloride, in doses ranging from one-eighth to one-half grain, administered every four hours, is highly recommended by Lisle in *N. Y. Med. Journal* for the treatment of epilepsy.

Pilocarpin in Hiccough.—Dr. Stiller, in *Centralblatt f. Klin. Med.*, recommends pilocarpin for hiccough of nervous origin, stating "that it is the best remedy known for this condition." He administers ten drops of a one per cent. solution three or four times a day.

Dr. Grewcock, in London *Medical Recorder*, recommends a novel method in applying glycerin which is equally efficacious with the clyster. If a piece of cotton wool, the size of a nut, is well saturated with glycerin and inserted as a suppository, in a short time a copious motion is produced.

Salol for Gonorrhea.—Dr. C. Underwood says that salol can reduce the duration of gonorrhea to the lowest limits. The method consists in the regular employment of from forty to sixty grains of salol through the day. I order my patients to have four doses of from ten to fifteen grains each, taken immediately on rising in the morning, at 11 o'clock A. M., 4 o'clock P. M., and the last thing on retiring to bed at night. This I ordered in a powder or compressed tablets. Having known that many of these tablets passed through the intestinal canal without being absorbed and in the form they were administered, I am now using the drug in a powder form. It is tasteless, and is not complained of by patients. The dose is begun, unless the patient shows the drug disagrees with him, with sixty grains a day, continued until the discharge has become very meagre. Then it is gradually lessened. The author claims that better results follow this method than any other.—West, *Med. Reporter.*

Disastrous Results of Syphilis.

Mr. Morel LaVallee (*Gazette des Hospitaux*) has lately published several cases of disease of the central nervous system, following syphilis.

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which give a vivid picture of the terrible results sometimes following the inroads of the latter disease.

A young woman, eighteen years old, transmitted syphilis to her lover, a medical student, shortly after she had contracted the disease. The infection of the student was followed by headache, with increasing severity, irritability of temper, marasmus, and deaths in about two months from syphilitic meningitis. The following year the same young woman, having become the mistress of a second medical student, called Secundus by the author, likewise infected him with syphilis. She then left Secundus for Tertius, with whom she lived maritally for some time, during which period she was twice confined. Nine years afterwards Tertius entered the matrimonial state, and in due time his wife was delivered of two children, healthy and robust. After some years he became delirious, tried to kill his children, of whom he had previously been very fond, and it was soon necessary to confine him in an asylum. The diagnosis made was, general paralysis, resulting from ancient syphilitic infection. His death followed shortly afterwards. A similar fate was meted out to Secundus after a very similar marital experience. Quartus, the next victim in order, was a pharmacist. He met with the same sad end, dying from progressive general paralysis, maniacal in form. Monsieur C. Quintus, an engineer, also found his death from syphilitic insanity. The woman who was the source of all this infection, afterwards became legitimately married, regained her health, and begot healthy children.—*Occidental Med. Times.*

The Philosophy of Physiological Antagonism Against Disease.

When the science of bacteriology was first promulgated those of us more optimistic in tendency thought the ultima thule had been reached and henceforth cure and elimination of disease would be by easy stages. When men of more careful judgment asked for the next step in the series, a reply was not easily furnished. But that next step was not long in coming, thanks to the intelligent labors of Brieger Vaughan and others. Their step consisted in finding the products of bacteria and demonstrating the power of those products to do what bacteria did. The etiology worked out carefully, methods of prevention and cure were in order. Efforts in these directions are responsible for the present views on phagocytosis. Succinctly stated, these views are as follows:

In the differentiation of functions in the higher organisms the tissues derived from the mesoblast have the function of protecting the organism against outside force.

Some of these tissues are fixed or virtually fixed; others are moving. All have the power of being rapidly reproduced; the latter of rapid reproduction and movement. They are subject to nervous and to chemical influences. The method of the former is well known. Chemiotaxis is the power which the leucocytes, the endothelium of vessels, the macrophages, in a word the movable phagocytes, have of being attracted or repulsed by chemical influences. Positive where they are attracted, negative where they are repulsed.

The theory accounts for inflammation as follows:

In a certain locality there is an irritation—mechanical, when it acts through the nervous system until some poison has been produced or absorbed, or chemical and acting through both channels. To this area wander the unfixed mesoblastic elements. In this area all fixed mesoblastic elements are stimulated into active production, the object of all being to remove or isolate the body's foe.

The most interesting field of this theory lies in its bearing on immunity and cure.

In animals susceptible to a certain disease the phagocytes are not immediately stimulated into activity by the presence of the poisons of that disease. In animals immune to a certain disease the presence of the poison of that disease causes a violent activity of the phagocytes.

There is a rule to which the exceptions are but proof that infectious diseases are self-limited. The method of limitation is as follows:

The phagocytes which in the beginning were indifferent to or repulsed by the bacteria or their products at the end of a certain time, have acquired an appetite for that germ, and in consequence their numbers and their activity increase until the destruction of the cause. Negative chemiotaxis—positive chemiotaxis.

There are many disbelievers in the theory of phagocytosis. These hold that the power of prevention and cure lies in the chemistry of the plasma. Hankins holds that the plasma contains normal proteids, defensive, called *sozines* and is capable of forming others called *phylaxines*. Those proteids that destroy germs he calls *microsozines* or *microphylaxines*, according as they pre-exist or are stimulated into existence, in the processing of vaccination (using the term in a broad sense). The proteids that destroy toxines he prefixes with *toxo*, as *toxosozines*. Buchner employs the name *alexines*. Klemperer has demonstrated anti-pneumotoxin. The name is explanatory. Klebs in Hamburg used anti-cholerin with a mortality of sixty-seven per

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cent.; less however than by saline treatment. The same observer (*American Therapist*, August, 1892) discovered *tuberculocidin*, an antidote to the toxine of tuberculosis. It is but fair to say that the position of no proteid of plasma, normal or pathological, is established beyond dispute.

Both parties to the debate are agreed that immunity can be produced by the serum.

Metschnikoff and de Schweinitz have shown that injections of the serum of immune animals will render immune other animals.

Kitasato has demonstrated that protection can be produced against tetanus. It is claimed that the defensive proteid is produced from globulin. Lazarus (*Berlin Klin. Woch.*, 1892, 43) has shown that guinea pigs can be rendered immune to the cholera bacillus. Stern (*Deut. Med. Woch.*, 1892, 37) has shown that serum from typhoid convalescents gives immunity. Observations of this character are numerous. Some of them may be disproved; the fundamental principal of them is established.

The practical side of all this is that the accidental boon of vaccination against small-pox is to be extended to all infectious diseases.

A patient infected with a certain disease has his symptoms produced by the toxines of the bacteria of that disease. It seems established by Metschnikoff's experiments (*Annales de l' Institut Pasteur*) that the present limit of our power after infection is in the destruction of bacteria; at the same time, the excretory functions readily dispose of diffusible ptomaines. Taking pneumonia for illustration a saving of several days of ptomaine poisoning will materially lessen the death rate.

Medicine becomes an exact science; exactness in treatment necessitating absolute exactness in diagnosis. It would look like we who had stood Tantalus-like, thirsty amidst the waters, were on the verge of a more potent existence.

There is another side of this question and that relates to filth diseases. The higher life, the more hygienic life means inactive phagocytes. This means greater susceptibility to the diseases with which we are constantly surrounded. The writer has seen negro women throw off an amount of puerperal infection and that with the greatest rapidity, that would be necessarily fatal in the higher walks of life. The increased virulence of cholera and yellow fever away from their habitat is proverbial.—*N. A. Practitioner.*

Editor MEDICAL WORLD:—"The Physician as a Business Man" is a library in itself. No doctor can afford to be without it, even though it should cost ten times the price asked. Cash dollars represent its value to me to day. LOUIS F. HIGH, M.D., Woodburn, N. C.

To Restore Elasticity to Vulcanized India Rubber.

Rubber bands, tubes, etc., that have lost their elasticity and easily snap, may be restored by steeping for half hour in dilute water of ammonia (aqua ammoniæ, one part; water two parts).—*Chicago Med. Recorder.*

For Nocturnal Emissions.

Dr. John W. Shaw reports in *Merck's Bulletin*, two cases of seminal emissions at night, cured by administering a dose of hyoscine, grain 1–100 each night, together with the regular use of a tonic composed of iron, quinine and strychnine.

Dosimetric Treatment of Neuralgia.

Treatment.—Give aconitine and bromhydrate of morphine, one granule of each every half hour, until patient is relieved; then hydroferrocynate of quinine, two granules every half hour. Continue the hydroferrocynate of quinine for two or three days at the rate of two granules three or four times a day.

General Directions.—Protect the part from exposure to cold and damp. Rest is important. Chloroform liniment locally, or paint the course of the nerve with tincture of belladonna, or oil of peppermint or oil of cloves.—C. W. Westwood Wilson, in *Jour. of Med. and Dosim. Therap.*, London.

Treatment of Malaria by Means of Potassium or Sodium Nitrate.

Dr. Peter Buro, of Arva-Polhora, who lives in a malarial district, has had many opportunities of demonstrating the value of these salts in malaria, and has formed the following conclusions: 1. The nitrate of potassium and the nitrate of sodium are specific remedies in typical malarial intermittent, whether it assume the quotidian, tertain, or quartan form. 2. Both salts manifest an exact action, but the sodium salt has the advangtae of being free from the slightly toxic effect of nitrate of potassium. It is likewise better adapted to subcutaneous administration, being three or four times more soluble in water than in salt of potassium. 3. The usual single dose for adults is from fifteen to twenty-four grains, and it may be given in either the febrile or the afebrile stage. Larger or more frequently repeated doses are, however, often required. 4. Cases occur, though rarely, in which the saltpetre fails to prevent an attack. 5. A decided advantage of these salts is that they exert no ill effects upon the digestive organs or nervous system, nor do they produce any untoward result. They may also be easily exhibited in a palatable form, which recommendsthem to juvenile patients.—*Deutsche Med. Zeitung.*

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Treatment of Dysmenorrhea.

Dr. Thomas E. Craig, of Lawrenceburg, Ind., gives the following formula to *The Prescription*, containng $\frac{1}{240}$ grains of corrosive sublimate to the dose.

R. Resinæ guiacum,
Terebinth. canadensis,.....aa ounces j
Oil sassafras,.....drams j
Alcohol,.....ounces vij
Hydrarg. corros. chlor.....gr. ij

Dissolve the guiacum and canadensis balsum in one-half of the alcohol, and the corrosive sublimate in the other half. Mix and filter, and then add the oil of sassafras.

Dose, ten to fifteen drops three times a day to be given in a capsul or dropped on dry sugar.

The doctor called it "a specific in dysmenorrhea, also in chronic endometritis."

He further states as follows: "I have used it for twenty years or more, and have given the formula to several physicians and have never heard of a failure, when properly prescribed and taken. I have prescribed it in cases of dysmenorrhea, when the suffering was almost unendurable, but success was the result, after being taken four or six weeks."

Oxalic Acid as an Emmenagogue, and Also a Remedy for Cystitis.

Dr. A. W. Marsh, in the *Therapeutic Gazette*, gives his experience as follows:

"Among the many remedies recommended in late years for amenorrhea, the one that for me has proved the most valuable is oxalic acid. It has none of the objectionable, and nearly all of the valuable qualities possessed by other emmenagogues. It is not impalatable, but non-irritating to the stomach in medicinal doses, certain in its action, and without oxitocic properties."

The following is a good working formula:

R. Acid oxalic.....grain xv.
Syr. aurant. cort.....ounce j.
Aq. destill., q. s. ad.....ounce iv.
M. Sig.—Teaspoonful every four hours.

The dose here given is one-half grain.

The Doctor also gives the great benefit of this drug in acute cystitis:

"Under its use the acute symptoms, the pain, tenesmus and frequent desire to urinate, disappear within twenty-four hours."

Waking Numbness.

That tingling sensation of the arms and fingers which so many middle-aged people experience on walking, especially if they have fallen to sleep in the day-time, is attributed by the editor of the *Medical Summary* to the presence of a rheumatic element. He finds the best results from the following combination of iodide of ammonium:

R. Am iodid..... dr. i.
Pulv. acac.,
Syr. tolu,
Aquæ,.....aa q. s. ad. fl. oz, iij.
M. Sig.—One tablespoonful in water every four hours.

Chronic Arthritis of Rheumatic Origin.

The following interesting points show the difference between the two conditions, chronic rheumatoid arthritis and chronic rheumatic arthritis.

1. Family history reveals an utter absence of gout and phthisis, which I have always asserted are found in that of rheumatoid arthritis.

2. No nervous symptoms, neuroses, formication, tingling of limbs, sweating, numbness, pigmentation of skin, and no constitutional symptoms—simply a joint affection; and although every limb is wasted, there is no evidence of general organic progressive disease, as in the rheumatoid arthritis, where the muscular atrophy is one of the earlier symptoms, and, as a rule, precedes the joint affection.

3. Characters of joints affected: all firmly ankylosed, with no enlargement, but of course apparently so, owing to the wasting of the surrounding structures; no effusion, and there are absolute flexion and fixation in this case. Flexions of joints in the vast majority of cases are of rheumatic origin, while in rheumatoid arthritis frequently the fingers are hyperextended, but this is not the rule. The character of the joints affected in rheumatic arthritis contrasts strongly with the condition of the joints in rheumatoid arthritis, where the joints are always swollen, with a sensation under the fingers, as if of fluctuation, the swelling commencing some distance above the joint and terminating some distance below it, and always of a more or less spindle-shape.

4. In this case the temporo-maxillary is the only articulation exempt, oddly enough bringing evidence to prove the correctness of my view, that this joint plays an important part in the differentiation between these diseases, where I pointed out that in rheumatoid arthritis the joints most used are the first to go; and, as everyone must talk and eat, this joint never enjoys a lengthened period of repose, and therefore is frequently the seat of the disease, while in rheumatic arthritis it is rarely affected.

5. Her good spirits; not so in rheumatoid arthritis, when depression is an early and constant feature.

6. No marked anemia, which is so prominent a symptom all through rheumatoid arthritis.

7. Slight mitral bruit, but slow acting heart, soft pulse. In rheumatoid arthritis the heart's action is rapid, usually over 100; no anemic bruit is found, and there is a hard pulse.

8. Although the illness in this case developed before the usual period, the preponderance of evidence points to this being a case of rheumatic arthritis, as described by Mr. Griffiths and myself.

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The importance of this proper differentiation cannot be over-estimated, as upon this treatment entirely hinges—the treatment of rheumatism and rheumatic arthritis by anti-rheumatic medication and non- nitrogenous diet, etc.; gout and gouty arthritis by appropriate medical treatment, depletion, diet, etc.; and, finally, that of rheumatoid arthritis, in which case the strumous element so much predominates that it has now caused quite a revolution in the treatment, approximating it to that of struma or phthisis, by cod-liver oil, tonics, stimulation and building up. It must be clearly and distinctly regarded, not as a result of rheumatism or as a hybrid condition, the diagnosis and nomenclature of which were scamped under the absurd appellation of rheumatic gout, but as a distinct disease, possessing strong and peculiar features of its own, an offspring of the hereditary tendencies of gout and scrofula. Of course, from the facts of a single case like this it is impossible to deduce any absolute principles, but I hope it will be a link, though a single link, in the chain of evidence which I have previously brought forward in a large number of cases.—Dr. Hugh Lane, in *London Lancet.*

[For the sake of brevity, clearness and convenience of reference, we will parallel the differentiation given above:

CHRONIC RHEUMATIC ARTHRITIS:	CHRONIC RHEUMATOID ARTHRITIS:
1. No family history of gout and phthisis.	1. Family history showing gout or phthisis.
2. An affection of the joint only; no constitutional symptoms.	2. General symptoms may accompany, or even precede the joint affection: neurosis, pigmentation, muscular atrophy, etc.
3. Ankylosis, flexion and fixation of joints, without swelling or effusion.	3. Effusion and swelling of joints.
4. Temporo-maxillary joint seldom affected.	4. This joint affected.
5. No mental depression.	5. Much depression of spirits.
6. No anemia.	6. Anemia prominent.
7. Slow, soft pulse, sometimes mitral bruit.	7. Hard, rapid pulse; no bruit.
8. Later in life.	8. May develop in early life.

—Ed. M. W.]

Anemonine.

Is the active principle of anemone pulsatilla. A dose of about one-twelfth of a grain acts as a powerful sedative in painful affections of the female pelvic organs, according to Dr. Bovet.

Tartar Emetic for Constipation.

In constipation occurring in the thin and anemic, the efficacy of sulphate of magnesium can be much increased by the addition of gr. j-ij of sulphate of iron, taken before breakfast each morning. However, if the patient be of full health, robust and plethoric, you can add to the epsom salts with much advantage gr. 1-16–1-12 of tartar emetic.—*The Alkaloid.*

Choice of Disinfectants.

Drossbach, (*Wien. Med. Press. No. 40, 1892.*)—The author has experimented with a number of disinfectants, in order to find out which were the cheapest as well as the most effective for the purpose of disinfecting large quantities of noxious substances, and more especially fecal matter.

Carbolic acid must be used in a solution of at least one per cent. in prolonged contact. It is therefore expensive. Corrosive sublimate, while it acts very well upon the fresh fecal matter, becomes nearly useless when this matter had undergone an ammoniacal decomposition, being then nearly entirely precipitated as a double ammoniacal chloride. Sulphate of iron is not very powerful, and sulphate of copper is far superior to it. Chloride of lime has a very strong odor, and must be used in very large quantities. Lime solutions must be used in large quantities, else they are changed into carbonate of ammonia. The impure hydrocholoric acid of commerce is very energetic, its impurities do not affect its action, and there are no spores that can resist the action of a two per thousand of this acid. The author gives a tabulated statement based upon the amount of disinfectant required for a cess-pool of the capacity of eight cubic metres, estimating the quantities needed, the minimum concentration and the price of the agents, in which hydrochloric acid appears to be the most useful substance both as to cost and effectiveness.—*N. Y. Therapeutic Review.*

Indications for the Use of Cimicifuga.

According to Dr. Reed, ten to thirty drops of the fluid extract after meals are used to cure seminal emissions. This has rarely failed in his experience. Half a grain to a grain of the resinoid, cimicifugin, twice a day, has occasionally been found useful in conditions of nervous depression, hysteria, and incipient melancholia. Five to twenty drops of the tincture, several times a day, have proved very helpful in scanty menses, especially in maiden ladies; but if repeated, as often as every three hours even, are likely to cause severe headache. This untoward effect he has never seen from the largest doses, such as half a drachm or a drachm of the fluid extract three times a day. Very small doses, as one-quarter of a drop up to one drop of the ordinary tincture, repeated every one or two hours, will often promptly relieve a frontal headache due to mental fatigue, or any kind of a headache resulting from pelvic congestion at the meustrual period in women. The same doses are often efficient in preventing abortion when threatened from weakness or passive con-

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gestion of the uterus, or from habit at a certain stage of pregnancy. Two or three drops of the tinctures of cimicifuga and gelsemium—sometimes one drop of each—every hour or two, are among the most certain means of bringing on the menstrual flow when delayed by passive congestion, cold, or other similar cause, and acts similarly with the lochial discharge after parturition. Dragging pelvic pains arising from the same causes may be relieved by the same combination.—*American Therapeutist.*

Three Temperance Beverages.

From an English journal we copy the following suggestions for non-alcoholic drinks:

"Stokos is prepared thus: Put from four to six ounces of fresh oatmeal, ground as fine as flour, into a pan, mix with a little cold water to the substance of cream, then add five or six ounces of loaf sugar and a fresh lemon cut in slices with the pips taken out; add a gallon of boiling water. Stir thoroughly while the water is being poured on. Use hot, warm or cold. The lemon may be omitted or any other flavoring used instead. Costs 3d. a gallon, or five gallons 1.s; four lemons are enough for five gallons.

"Cokos is a good nourishing drink, made as follows: Put four oz. of fresh fine ground oatmeal, four oz. of cocoa, into a pan mixed with a little cold water into a thin batter, then add six oz. of sugar, pour on a gallon of boiling water (stir while water is being added). Take to the field in a stone jar. Costs 4d. a gallon.

"Hopkos is a good harvest drink: Boil one-half oz. of hops and one-half oz. of ginger (bruised) in one and one-half gallons of water for twenty-five minutes; add one lb. of best brown sugar, and boil ten minutes more; then strain and bottle, or put into a cask while hot; it will be ready for drinking when cold. It should be kept in a cold place. Dried horehound may be used instead of hops. Costs 3d. a gallon."

The inventor of "stokos, cokos and hopkos" is Mr. John Abbey, of Norwich, who says they have become quite popular with the crop-gatherers of 1892.

Treatment of Ring-Worm.

The recent treatments of tinæ tonsurans show a strong tendency toward the use of losophan, a new and very active mycotic which has been giving remarkably good results. Losophan is a tri-iodocresol, very rich in iodine (about 80 per cent.) with which, on application to dermatic lesions, it slowly parts, thus avoiding toxic effects, while making the pathological field untenable for living organisms. For these reasons, losophan is indicated in all cutaneous conditions due to the development of the trycophyton fungus, in mycosis, pityriasis, sycosis, prurigo, pediculosis, and in all of the large groups of skin diseases due to the presence of filamentous fungi or microspores. The clinical reports advise the use of losophan in one to two per cent. ointments, with lanolin or vaselin. Where a wash is needed, a solution should be made of one or two parts of losophan in a mixture of twenty-five parts of water with seventy-five parts of alcohol. The mixture keeps well. Losophan has already been tested in the treatment of phimosis and chancre. The best results were gained from a one per cent. powder, dusted over the lesions.

Peculiarities.

Some peculiarities of disposition and physical aspect, shown by different diseases.

In gout we have an abnormal "hastiness or temper" largely in excess of the pathological condition, and an accompanying expression of great irritation.

In rheumatism the man is gloomy and despondent.

Emphysema gives us a patient melancholy and miserable in mind and expression; and the melancholia supervening an attack of "la grippe" is one of the most distressing sequelæ of the disease, and has been largely commented upon; eventuating as it does, in many cases of suicide.

The victim of "pulmonary tuberculosis" is renowned for his cheerfulness and buoyancy, and will not believe that his days are numbered.

The list might be indefinitely extended; the stupid expression of the typhoid patient, the brilliant expression of yellow fever, and the "fierce, unpleasant look" of exophthalmic goitre (unfortunately not confined to this diseased condition), probably due to an increased vascularity at the base of the eyeball, the enlarged vessels pushing it forward.

Thus we see that disease works a psychical as well as a physical change.—*Hot Springs Med. Journal.*

Practical Thinking.

At a meeting of a large medical society in the United States, a gentleman from one of the large centres exhibited an instrument for removing foreign bodies from the nose. He extolled its advantages, was applauded, and every thing promised well. When he had finished, a small, nervous man advanced somewhat briskly to the platform, and began to speak in a sharp style, in terse language, using but few personal pronouns he said: "Mr. President; Much obliged to the gentleman from the city. Long distance for him to come to show us this in-

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strument; long distance for us out here to send for one. Now, when called to see a child with a cherry or any other kind of stone, or pea, or bean, or button, in his nose, not going to send all the way to the great city for this instrument, and for the Professor to come with it —for that is what it means. Can do without both. Wherever there is a boy with something in his nose that has no business there, there is sure to be a woman in the neighborhood; and wherever there is a woman, there is sure to be a hairpin. Now, with the boy and his nose with something in it, and the woman and her hairpin, and a live doctor and his jackknife, nothing more is wanted. With the jackknife half-open, bend the double end of the hairpin, coax this bent end along the root of the nose, raise the wrist a little, and withdraw the bent end well down; and if one of the boy's toy's is there, it is sure to come. Wouldn't give that instrument (he had made while addressing his audience) for the instrument of the gentleman from the great city, and it don't cost as much money. There is not enough of that in the back woods for the Professor."—Dr. Hingston, in *Brit. Med. Jour.*

Should We Treat Fever?

This question is discussed by Dr. S. T. Armstrong (*Med. News*) who terminates his study of the question by saying that in this review of the question whether it is desirable to relieve pyrexia by the administration of antipyretics, the following points have been held in view:

1. That fever is the expression of some disturbance of the thermal centers.

2. That while this disturbance may be traumatic, it is usually the result of the existence in the organism of certain autogenetic or heterogenetic (infectious) products that have the same affinity for the thermal centers that certain vegetable alkaloids have for certain cerebral centers.

3. That fever does not exercise any beneficial effect in limiting an infectious process; this is a fact that has been known clinically for years by the occurrence of cases of infectious disease that pursued their usual course without any rise of temperature.

4. That it is the general experience of clinicians that the relief of fever exercises a beneficial influence on the general condition of the patient, though the apyrexia does not indicate that the cause of the pyrexia has been removed.

5. That in many febrile conditions the causative principle has produced a thermotaxic paresis that is at once relieved by some suitable antipyretic.

6. That in continuing the employment of antipyretics we are not losing sight of the possibility of obtaining, either synthetically or derivatively, compounds that will, when administered in the specific diseases, have the same inhibiting influence on the further development of the micro-organisms of those diseases that certain alexines, toxalbumins, or toxines have. The action of such compounds should be as specific in each infectious disease as is the action of quinine in paludal fevers.—*Weekly Review.*

Coughing Down Hill.

The idea of coughing down hill is said to have been derived from a small pamphlet published nearly fifty years ago by the poet N. P. Willis, who claimed that he had cured himself of consumption by this orginal device and by horseback exercise. By coughing down hill is meant lying in bed or on a lounge, with one hand on the floor and the head almost reaching there, and coughing in that position Physicians think that the poet's supposed consumption was bronchiectasis, and Dr. H. D. Didama (*Journ. Am. Med. Assoc.*) recommends his treatment as being very efficacious in relieving, even if but temporarily, the distress and discomfort experienced by people affected by phthisical troubles. Several cases have come under the doctor's observation in which such treatment was used with much benefit. One of these cases was particularly virulent, and of long standing, and had resisted other treatments. The rationale of this method is this: A "pocket" is formed in the tubes of the lungs, and when it becomes filled and running over, a fit of coughing and expectoration follows. The walls of the pocket are so thick that even the most violent and long continued attacks of coughing cannot compress them sufficiently to empty it entirely. By the assistance of gravity, better results are accomplished in a few minutes than would otherwise be obtained in a much longer time, and at much less pain and annoyance to the patient, and no putrid matter is left in the pocket to contaminate further accumlations.—*Druggist Circular.*

DOCTOR—Have you been wishing to adopt the convenient and most efficient alkaloidal or dosimetric granules in your practice, but hesitated on account of lack of definite knowledge as to how to use them? The new book "Outline Treatment with Dosimetric Granules" will meet your needs admirably It is the only book published treating this important subject from the standpoint of the American practicing physican. It meets the difficulties that are encountered at the bedside and in the consulting room. Bound in flexible cloth, small pocket size, 106 pages, price only 50 cents. See order blank on page xxvi.

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The Treatment of Rheumatoid Arthritis.

There is a growing conviction, which amounts to a feeling of certainty among many physicians, that rheumatoid arthritis, or rheumatic gout, is not a form of rheumatism or gout at all, but is a neurotrophic disturbance. Dr. John Kent Spencer, who takes this view of the disease, has been writing upon its symptoms and treatment in *The Practitioner*. What he says deserves much consideration, and may be of help to some of our readers. For there is surely no more obstinate and intractable affection than chronic rheumatoid arthritis when it has once firmly secured a foothold. Dr. Spencer is earnest in urging the importance of recognizing early the nature of the disease. It is almost regarded and treated at first as a form of rheumatism. When baths, salicylates, and other anti-rheumatics are given and strict diet is ordered, yet these measures invariably deplete the patient and do harm. It is in the early stages that visits to mineral springs and baths do good, yet often such remedies are reserved as a last resort. At this time, however, they are of little avail.

According to Dr. Spencer, the patient should be put upon a highly nutritious diet, including fats and carbohydrates. Cod-liver oil should be administered, and rich wines may be drank. Dr. Duckworth recommends food containing sulphur, such as onions, mustard and cruciferous vegetables. The climate should be dry and sunny, and the patient should be treated as regards this point much as though he were a consumptive. Yet a comfortable home is better than many popular resorts.

As regards medicine, Dr. Spencer says: "Iron and arsenic are almost always useful; and quinine may be combined with either. A mixture is made agreeable by the addition of glycerine and spirits of chloroform; or the medicines may be given in the effervescing form. One dose daily may be taken for a year or more, unless interrupted by casual illness. Eight grains of the iodine of iron pill go well with one twelfth of a grain of arseniate of sodium; and this in the shape of two pills, should be continued once a day for many months. Iodine and the iodides are unsuitable in any other form, except for those patients in whom there is a manifest enlargement of the thyroid gland. This is a more common accompaniment of rheumatoid arthritis than is generally supposed. Fifteen minims of the tincture of iodine with five minims of the *liquor arsenicalis* and chloroform water ought to be taken daily and continuously, if the specific effect of iodine be desired."

A hypnotic or anodyne, such as chloralamide, may occasionally be required. For pyrexial accidents salicin and the salicylates are the proper medicines; but under no other circumstances ought they to be ever thought of. Gentle aperients are often necessary. Much stress is laid upon local treatment, though it is not in the long run most important.

"Wrap any joint," says Dr. Spencer, "which can be easily reached with cambric or flannel, and other this sponge water as hot as can be borne. Rub the joint once a week or so with acetic turpentine liniment, and then with some bland oil to prevent the counter-irritation from being too severe. If a cantharides blister be applied, it should always be on the cardiac side of a joint, and let the blistered surface be healed immediately. Paint rings of iodide liniment in the same situation. In the earliest stage (especially if there be pain and fatigue), keep the threatened joint at rest by one or more millboard splints, gauze tissue, and a light linen bandage. Do not let the joint have too much rest; on no account pack it up so that it may lapse into idle atrophy. People suffering from early arthritic lesions in the lower limbs should be equipped with laced knee-caps and flannel bandages on the legs. The upper limb may be supported with a hand-and-arm wooden splint, properly padded; gummed paper splints put on the front of the fingers keep them straight and out of danger. After active symptoms subside, systematic exercise of the affected parts should be enjoined. Vapor and Turkish baths are harmful."—*N. Y. Medical Record.*

Formulas.

FOR IMPOTENCY.

℞ Ferri arseniatis.....gr. v
Extracta ergotæ aquosi.....dr. ss
Misce et fiant pil. No. xxx. Sig.—Take one pill night and morning.

—*Prof. Bartholow.*

INCONTINENCE OF URINE.

℞ Liq. strychninæ, B. P.....mx
Tr. belladonnæ.....gtt. xx
Inf. cascarillæ.....ad. oz. ij
M. Sig.—Teaspoonful three times a day to a child three years old.

—*Dr. Ellis.*

For incontinence of urine in children.—(Char. Hospital—*Times & Register*).

℞ Sodii benzoatis.....drams i
Sodii salicylatis.....drams i
Ext. belladonnæ fl.....m. ij
Aquæ cinnamomi.....ounces iv
M. Sig.—A teaspoonful four or five times a day.

MENORRHAGIA.—E. E. Philips, (*Med. Summary*).

℞ Tinct. cannabis indica.....gtt. xxx
Mucilage
Spirits of chloroform.....aa, drams i
Aquæ, ad.....ounces ij
M. Sig.—Take a teaspoonful every three hours. A few doses are sufficient.

OTORRHEA.

℞ Eucalyptol, (Sander & Son).....drams ss.
Sodæ bicarbonas.....gr. xv
Sodæ biborat.....gr. xv
Glycerine.....drams j
Aquæ, ad. q. s.....ounces ij
M. Sig.—Shake and use as a lotion for the ear.—*Ex.*

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FOR WARTY VEGETATIONS OF THE EXTERNAL GENITAL ORGANS.—The *Bulletin Gen. de Therapeutique* recommends the following formula for warty vegetations of the external genital organs:

R. Salicylic acid.....gr. ij
Acetic acid.....drams ss
M. Sig.—External use. Apply to the vegetations once or twice in twenty-four hours by means of a small brush, two or three applications being sufficient. The pain is slight and transient, which is an advantage.

INFANTILE CONSTIPATION.—When the stools are hard and clay-colored, the following has been recommended by Ringer:

R. Resinæ podophylli.....gr. j
Alcoholis.....drams j
M. Sig.—One or two drops on sugar t. i. d. to infant one or two months old.

DIABETES.—The following mixture is praised by Vigier:

R. Lithii carbonat.....30 grains
Sodii arseniat.....1 grain
Ext. gentianæ.....15 grains
M. et div. in caps. No. xx. Sig.—Take one capsule morning and evening.

—*Med. and Surg. Reporter.*

INDOLENT BOWELS IN AGED PERSONS.

R. Pulv. scammon.....dr. ss
Ext. aloes.....gr. j
Bals. peru.....gr. xl
Ol. carui.....m. xl
M. Ft. in pil. No. xx. Sig.—One at night.

—*Dr. Robinson.*

FORMULAS FOR CHRONIC MALARIA.

R. Cinchonidinæ salicylat.....drams ij
Ac. arseniosi.....grain j
Ferri sulph exsiccat.....grains xx
M. ft. cachets No. xx.
Sig.—One wafer thrice daily.

R. Quininæ sulph.....grains xl
Ferri sulph. exsic.....grains xx
Ac. arenfosi.....grains j
M. ft. pil No. xx.
Sig.—One pill thrice daily.

R. Cornus.
Calumbæ
Liriodendri.
Pruni Virgin.....aa ounces vj
Eupatorii
Capaici.....aa ounces iv.
Pulv. et. misce. Sig.—A teaspoonful in cold or warm water, three or four times daily. A good tonic tincture may be made from the above combination.

R. Tinct. iodi.....drams ij
Ac. carbolici.....dram j
M. Sig.—Two to three drops three or four times a day in water.

R. Ac. arseniosi.....grain j
Mas. ferri carb.....dram j
M. ft. pil. No. xx.
Sig.—One pill thrice daily.

—*Eclectic Med. Journal.*

TONIC PREPARATIONS.—Regis recommends the following:

R. Vin. kola, 1
Vin. cinchonæ
Vin. gentian
Vin. colombo.....aa ounces j
Liq. kali arsenit.....gtt xx
Tinct. nucis vomic.....gtt x
M. Sig.—A liqueur glassful twice daily before meals.

For a tonic pill he orders the following:

R. Ext. cinchonæ
Ext. kola.....aa grains lxxv
Ext. rhei.....grains xxxvij
Ext. nucis vom.....grains vij
Ferri arseniat.....grains ij
Pulv. kola q. s.
M. ft. pil. No. 100.
Sig.—Two pills at each meal.

—*Med. Review.*

TYPHOID FEVER.—Dr. T. M. Wilson, of Thornton, Texas, reports admirable results in the treatment of typhoid fever by nitrate of ammonium. Supportive and other necessary measures, are supplemented by:

R. Ammonii nitratis.....drams ij
Lix. potassii arsenitis.....fluid drams j
Aquæ distillat.....fluid ounces ij
M. Sig.—Teaspoonful every three hours.

—*Eclec. Med. Journ.*

NERVOUS DEBILITY.

R. Acid phos. dilut.....drams iv
Calisayæ elix.....ounces ij
Elix. valerian ammon.....ounce j
Glycerine.....ounces ij
Vini xerici, q. s.....ounces vj
M. Sig.—Tablespoonful in water three times a day.

—*Lancet-Clinic.*

INTERTRIGO.—The following ointment is given in one of our exchanges as a good application in chafe.

R. Acid borici.....gr. vij
Lanolini.....drams xij
Vaselini.....ounces iij
M.

This ointment is to be applied to the diseased area, which is first cleaned by the use of a mild soap.

FOR EARACHE.

R. Camphor chloral.....drams ij
Glycerine.....ounces iss
Olei almond.....ounce j
M. Sig.—A pledget of cotton is soaked in the drops and introduced as far as possible into the ear.—*Prof. Pavesi.*

TÆNIA.—Dr. J. Hobart Egbert, of St. Louis, employs the following formula:

R. Oleoresinæ filicis maris.....30 drops
Pellet erini tannatis.....1 grain
Glycerini.....½ ounce
M. Sig.—The whole to be taken in a liberal quantity of sweet milk immediately upon rising in the morning.

—*Lancet-Clinic.*

TREATMENT OF GONORRHEA.—Dr. W. S. James, of Cleveland, O., writes us that he has employed the following injection with excellent results in the treatment of a case of chronic gonorrhea, where solutions of sulphate of zinc, nitrate of silver and bichloride of mercury proved inefficient, and that he has derived equal benefit from it in acute cases:

R. Boracic acid.....dram iss
Tincture of iodine.....dram ii
Glycerine.....ounce i
Distilled water q. s. ad.....ounces iv
M. Sig.—To be used as an injection morning and night.

He would like other physicians to give this formula a trial.—*International Journal of Surgery.*

CHRONIC ECZEMA OF THE FACE.—Is treated by some Parisian physicians by the following application, which is to be made morning and night by means of a brush.

R. Salicylic acid.....dram j
Ichthyol
Glycerine.....aa drams ij
Peppermint water
Lavender water.....aa drams v
Alcohol.....ounces jss
M.

SALICYLATE OF CALCIUM FOR CHOLERA INFANTUM.—This seems to be a very efficient treatment. It is indicated especially in true cholera infantum, with watery discharges—not ordinary diarrhea. In the Kansas City *Medical Index* Dr. J. R. Fritts, of Mexico, Mo., gives the following mode of administration.

R. Ac. salicylici.....gr. xxij
Cretæ preparatæ.....gr. vij
M. Bene et ft. chart, No. x.
Sig.—One powder every two or three hours in a little sugar and water.

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Reviews.

APPENDICITIS AND PERITYPHLITIS. By Charles Talamon, M.D., of Paris. Translated by E. P. Hurd, M D. Published by Geo. S. Davis, Detroit, Mich. Price 25 cents.

In years gone by many cases of the above diseases were entirely unrecognized, on account of lack of definite knowledge of them by the attending physician. There is no more prevalence of them now than there ever was, but they are more often correctly diagnosed, and hence can be more skillfully treated. This little work is a masterpiece on the subject in a small compass. Of course every reader of this journal will have it.

A HAND-BOOK OF LOCAL THERAPEUTICS. Edited by Harrison Allen, M.D. 505 pages, cloth, price $4.00. P. Blakiston, Son & Co., Philadelphia.

We have asked several authors to give us a work on the local use of drugs, their strengths, etc., but all hesitated to take it up. We now have before us just such a work. In the case of drugs given internally the main question is as to dose, while with those used locally it is as to excipient, strength, mode of application, etc. Heretofore each one has had to find out the best way by individual experience. This work may now be his guide. The following parts of the work are by special authors: General Surgery, Richard H. Harte, M.D.; Diseases of the Skin, Arthur Van Harlingen, M.D.; Diseases of the Ear and Air Passages, Harrison Allen, M.D.; Diseases of the Eye, Geo. C. Harlan, M.D.

MATERIA MEDICA AND THERAPEUTICS. By John V. Shoemaker, A.M., M.D. In two volumes Vol I, $2.50 and $3.25, net; Vol. II, $3.50 and $4 50, net. The F. A. Davis Co, 1914 and 1916 Cherry St., Philadelphia, Pa.

This is the second edition of this work, which we noticed quite fully in the first edition. The work is thoroughly revised and brought up to the present date.

THE RECRUDESCENCE OF LEPROSY AND ITS CAUSATION. By William Tebb. Published by Swan Sonnenschein & Co., Paternoster Square, London, Eng.

The author reviews, in a scholarly manner, the recent increase in the spread of leprosy, and considers the cause to be found in the custom of vaccination as a prophylactic against small-pox, among the population of countries where leprosy has an existence. It is a question of va t importance to the human race.

DIAGNOSIS AND TREATMENT OF DISEASES OF THE EAR, NOSE AND THROAT. By eminent American, British, Canadian and Spanish authors. Edited by Charles H. Burnett, A.M., M.D Two volumes, about 800 pages each. Sold by subscription only $6.00 to $7 50 per volume. J. B. Lippincott Co., Publishers, Philadelphia, Pa.

This is the age of specialism, and the general practitioner must get the best of his knowledge from those whose work is in special fields. Such a work is this, wherein each contributes that knowledge which he has had special opportunity of acquiring. It will be valuable to the general practitioner for study and reference.

THE CONDUCT OF THE MEDICAL LIFE. Two lectures by S. Weir Mitchell, M.D., LL.D. Published by the University of Pennsylvania Press, Philadelphia.

We have read these lectures with much interest. They represent the original thought and charming diction of their noted author.

THE BICYCLE IN ITS RELATION TO THE PHYSICIAN. By Seneca Egbert, A.M., M.D. Sent free by A. A. Pope, Boston, Mass.

STUDENTS' EXPENSES.—This is a collection of letters from various students giving their experience and views regarding the necessary expenses of college life. Collected and published by Frank Bolles, Secretary of Harvard University, Cambridge, Mass.

DIET FOR THE SICK. By Miss E. Hibbard, Principal of Nurses Training School, Grace Hospital, Detroit, and Mrs. Emma Drant, Matron of Michigan College of Medicine Hospital, Detroit; to which has been added Complete Diet Tables for various diseases and conditions, as given by the highest authorities. Detroit, Mich., The Illustrated Medical Journal Co., Publishers. Paper, 74 pages. Price, postpaid, 25 cents; 6 for $1.

This little book is a worthy supplement to any cook book, as it deals only with the dishes suitable for the sick and convalescent; the receipts being favorite ones in use daily in the hospitals wherein the authors are employed. To this has been added the various authorized diet tables for use in anemia, Bright's disease, calculus, cancer, chlorosis, cholera infantum, constipation, consumption, diabetes, diarrhea, dyspepsia, fevers, gout, nervous affections, obesity, phthisis, rheumatism, uterine fibroids. It also gives various nutritive enemas. The physician can use it to advantage in explaining his orders for suitable dishes for his patient, leaving the book with the nurse.

TUSCULUM PERIODICUM LATINO-GRÆCUM. Price 10 cents each number, or the whole twenty five numbers for $2.00. Rugby Academy, Philadelphia.

This is a series of primers designed to teach Latin and Greek by the colloquial or actual speaking method.

HOW TO OPERATE FOR HEMORRHOIDS. By C. B. Kelsey, M. D. Reprinted from the *Therapeutic Gazette*. Geo. S. Davis, Publisher, Detroit, Mich.

THE NEGATIVE POLE OF THE GALVANIC CURRENT WITH FARADIZATION AS A UTERINE DEVELOPER. By Chas. G. Cannaday, M.D., Roanoke, Va. A reprint.

We have long recognized the power of the intelligent use of electricity as a developer of local parts of deficient growth.

THE INTERNAL TREATMENT OF LUPUS WITH PHOSPHORUS. 1000 CASES OF PSORIASIS. RELATION OF ECZEMA TO DISTURBANCES OF THE NERVOUS SYSTEM.

The above are three reprints by L. Duncan Bulkey, A.M., M.D., New York.

A New York daily paper, taking up the idea conveyed in Flammarion's exciting novel, "Omega: The Last Days of the World," has interviewed a number of the leading men in all professions as to what they would do if science were to predict to-morrow that the end of the world would arrive within the next thirty days The answers are various and curious, and heighten the interest which is felt in the second part of Flammarion's great novel, which appears in the May *Cosmopolitan*. It is a question which everyone will find interesting to ask of himself: What would you do if within six weeks the end of the world were cer-

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tain? Probably no novel which has ever appeard in an American magazine has been more elaborately illustrated by more distinguished artists. Laurens, Saunier, Vogel, Meaulle, Rochegrosse, Geradin and Chovin all contribute to the explanation of the text.

A clever story of another kind is that of the new English novelist, Gilbert Parker, in the same number. "American Society in Paris" is an article of another kind, but one which will interest all who have had occasion to make even a short residence in the French capital. The *Cosmopolitan* scores a success in producing in its May number, almost simultaneously with the daily papers, an elaborate description of Professor Gray's marvellous invention, the Telautograph, which reproduces the handwriting, or the work of the artist, simultaneously, thousands of miles distant from the place where the writer or artist is sitting. Mr. Howells' purpose in the "The Traveller from Altruria" is, month by month, becoming more evident, and is now receiving wide attention at the hands of the critics all over the world.

Following Mr. Howells' lead, apparently, both Frank R. Stockton and Mrs. Frances Hodgson Burnett have gone over to *The Ladies' Home Journal*, and the most important works by these authors upon which they are now engaged will shortly see publication in this magazine.

RESUME OF ELECTRO-THERAPEUTICS. Monthly, $1 per year. Lock Box 25, Station E, Brooklyn, N. Y.

A MEMORIAL TO CONGRESS ON THE SUBJECT OF A ROAD DEPARTMENT AT WASHINGTON, D. C. Albert A. Pope, Boston, Mass.

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This is a monthly medical journal devoted to general medicine, with especial attention to those phases of the subject in which woman practitioners are likely to be specially interested. We wish our gentle, ambitious and most welcome sister unbounded prosperity.

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THE *New York Medical Record* criticises us for "spelling whisky without an 'e.'" We will remark, parenthetically, that Webster spells it like we do, but then, Webster is not *Shrady*, you know; the fact is only mentioned to emphasize that Webster was a *chump*. Now, brother Shrady has had more spells of whisky than we have, and, of course, knows more about it,—we defer to his familiar acquaintance with the subject. He spells it, and doubtless drinks it, with "e"s.—*Daniel's Tex. Med Jour.*

FOR a perfect antiseptic soap send to Hall & Ruckel, 216 to 220 Greenwich St., New York, mentioning this journal, for a fine sample of the matchless Sozoderma.

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FELLOW'S SYRUP is taken as the standard hypophosphites combined with general tonics.

TEN MINUTE PAPERS.—The New York Academy of Medicine has some new rules on the length of papers. They are good ones. Listen. 1. Hippocrates and Galen may be passed with very slight notice, as they have been for some time dead and their opinions are somewhat obsolete. 2. Scratch out the formal introduction and begin where the subject matter really begins. 3. Condense the body of the paper. 4. End the paper where the subject matter ends, making its action like that of the piston syringe: begin, spatter, stop.

HAVE you used the Celerina prepared by the Rio Chemical Co., St. Louis, Mo.?

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TERRALINE has a good reputation in the very city of its manufacture (Washington, D.C.) for the treatment of diseases of the respiratory passages.

TRY California Fig Syrup as a laxative.

Continued on next leaf.

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THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D.,
J. J. TAYLOR, M. D., } EDITORS.

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Dilatation of the Anal Sphincter.

THE physician who would serve the best interests of his patients must not be content with giving medicines to relieve passing symptoms when he can, by a simple operation, cure the anatomical lesion which is the cause of all the departure from the normal. The advancement of scientific pathology consists almost entirely in the identification of these anatomical lesions and the demonstration of their causal relation to the symptoms observed. Therapeutics, which, being bound by prejudice, and limited by custom, has always been a very conservative science, must acknowledge these pathological discoveries and demonstrations as they occur and address itself to their rational correction if it would expect to retain its position as a progressive science.

Among the abnormal conditions developed by the customs, habits, diet, mode of living and diseases incident to civilization may be classed that of an over-developed and contracted sphincter of the anus. From this as an original focus of irritation there arise various reflex symptoms often quite difficult to trace to this cause, and yet which disappear after a thorough dilatation of the sphincter.

Most cases of chronic constipation can be permanently cured by this simple operation. But not only is the constipation cured, but many of the constitutional diseases caused by the loading of the lower colon with fecal masses and absorption of effete material into the circulation are relieved as well. Anemia, rheumatism, biliousness and chronic catarrhs of the stomach and intestinal tract are all benefited by this operation. That venous congestion of the rectal membrane which tends to the formation of hemorrhoids is at once corrected and the existing hemorrhoids cured and the formation of others prevented. Anal fissure, anal eczema and anal pruritus are all benefited by it.

The advisability of dilating the sphincter is mainly determined by a rectal examination. If, in a case with symptoms not otherwise accounted for, you find the sphincter more than normally strong and firmly contracted, it is quite likely that the operation will be of benefit.

The operation itself is comparatively simple and not difficult. It should always be performed under anesthesia. Prof. W. F. Waugh is entitled to much of the credit of bringing into use bromide of ethyl as a safe and agreeable anesthetic for minor operations like this. He is also an able advocate of the benefits to be derived from dilatation of the sphincter ani in suitable cases.

The operation is much better performed by the experienced surgeon with his own thumbs and fingers than with any sort of dilating instrument. The oiled thumbs are inserted until they reach the internal sphincter, then firm,

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steady traction is employed until the muscular power of the constricting ring is completely paralyzed. This usually requires but a few seconds. The sphincter gradually regains its power, which is generally normal in about three or four days.

This operation is practiced a great deal by those who profess the specialty of orificial surgery. However, it is not original with them, as it has been known and practiced by the profession for many years. However, they have had the good sense to appreciate its benefits, and the progressive physician can learn much from them in regard to their special modes of practice, as he can from every special sect in medicine that ever flourished, even for a short time. The difference between the true physician and the sectarian is that the former applies only to properly selected cases that which the latter insists must be the only method of cure for every case.

THE practical physician is now wanting to know, from his practical brothers, all the knowledge that can be gained about the various malarial, bilious and continued fevers that will be the special run in practice for the next few months. There is much yet to learn in regard to their exact pathology, causation and the most successful methods of treatment. A treatment which manifests no apparent influence on the course of the disease, but simply lets them get well in about the same length of time that would be required without interference, is not entitled to any claim of success. Let us hear from those who have learned some particular fact or have had unusual success in the treatment of these diseases.

Pilocarpine Turns the Hair Black.

At a meeting of the Medical Society of Washington, D. C., May 10, 1893 (reported in the *National Med. Review*), Dr. D. W. Prentiss showed specimens of hair which had turned black during the administration of pilocarpine In one case the eye-brows turned dark after its administration for two years. Dr. W. W. Johnston also referred to a patient whose hair had turned dark during a prolonged administration of the drug.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Notes.—Rectal Affections.—Morphinism.

Editor MEDICAL WORLD:—Dr. Dumanian's case of esophageal obstruction reminds me of one that occurred in my practice many years ago, and from which I learned a lesson never to be forgotten. An old man choked, while at supper, and I was hurriedly summoned. I took a long, curved pair of esophagus forceps, and passed them repeatedly down to the stomach, but got nothing. I then sent for assistance; and when my friend arrived, he laid aside the forceps, and with finger and thumb proceeded to dislodge from the pharynx a large chunk of beef. I then learned that the pharynx is the place where such masses usually lodge and that the best forceps consists of the finger and thumb. In a large majority of the choking cases since seen by me, the bolus had lodged in the pharynx.

How curiously our cases seem to occur in groups. It has been several years since I have dilated the sphincter ani, for any cause, until the last month; but in that period I have had nearly a dozen cases requiring it. Constipation, with back-ache, pruritus ani and hemorrhoids, have been the indications. One lady tells me that since the operation her bowels are regular, for the first time in five years. Another was so much pleased with the operation that she has sent her husband and her sister to me, to have the same treatment instituted. I do not know of any branch of medical practice in which a little special training pays the family physician as well as in rectal affections. I have not yet dilated for rheumatism, however.

Dr. McCabe's case (page 206), was phlegmasia, otherwise phlebitis, with the formation of thrombi, rather than embolism. Possibly from the inflamed veins some material was thrown into the circulation, causing embolism of the cerebral arteries, in which case there should have been paralytic symptoms before death.

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Dr. Hines' patient needs an elastic bandage to her leg. In old leg-ulcers there is usually a general state of relaxation, obstruction to the return of blood through the veins, general debility, or syphilis. For the first, strychnine; the second, removal of the obstruction; third, iron, quinine and hypophosphite of lime; fourth, iodoform, locally and internally, or corrosive sublimate, massage and faradization of the affected limb, local nutrition by hypodermics of bovinine around the ulcer, soothing applications to the raw surfaces, and the support of a well-applied bandage, are the most reliable methods.

Dr. Hunter's first case (page 210) is too steadily painful for neuralgia. Such abdominal pain may result from so many causes that only a thorough analysis, and perhaps a section, could determine the diagnosis. Neuritis, movable kidney, nephritic calculus, spinal disease, intestinal disease, are among the possibilities. The second case is probably intercostal neuralgia, in a rheumatic subject. Try iodoform internally with him, keeping digestion in good order, and avoiding all exciting causes.

Dr. Johnson's case of membranous vulvitis must depend on some local irritant, the menstrual discharge or the urine perhaps. Examine both, give apiol for unhealthy menses, and correct any urinary difficulty. Wash out vagina regularly with peroxide of hydrogen, well diluted, or chlorinated soda. Treat the attacks with lead lotions, warm, frequently employed.

For piles, no better ointment for general use has come under my notice than our compound of white lead and lard, each one ounce, and tannic acid two drachms.

Dr. Lisk should regulate his patient's diet carefully, as young epileptics are apt to eat gluttonously at times. The bowels must also be kept in order, and any source of reflex irritation, such as a tight prepuce, removed. Then give him the bromide of potassium, gr. xx, thrice daily. If he has another fit, add one grain bromide of nickel; if another, gr. $\frac{1}{20}$, bromide of arsenic; and so, after each fit, add another bromide, in full dose, to what has been previously given. When the fits have ceased for three months, drop one of the bromides; and thereafter one every two months, till you reach the original potash. This should then be reduced very gradually; as the tendency to recurrence is very strong. A year's freedom from fits is necessary before stopping treatment.

Dr. Ramer's case looks ominous, with such a neurotic history. I would advise him to go over her case with the utmost pains, looking for and correcting every possible cause of reflex irritation, however slight. The child is too stout for her age, and a limited diet, with plenty of exercise, should be enforced. She may be about to change, as neurotic children often menstruate very early. If so, the bromides are indicated; masturbation and enureseis are to be taken into consideration in such cases. Finally, the beginnings of hysteria are to be looked for. From all this it may be seen how difficult it is to diagnose and prescribe for such a case from a distance.

To Dr. Thompson (page 212) I would say: If the mother be weakly, nourish her; if she require treatment, treat her; beyond this you cannot do anything to favor the normal development of the fetus.

I have recently had three cases in which the value of europhen has been remarkably demonstrated. Two were of that curious affection known as kraurosis vulvæ. Small red spots appeared along the margins to which the hymen had been attached. These were intensely sensitive, so much so that sexual intercourse was almost impossible. Matthew Duncan described this affection first, and stated that temporary relief was obtained by applying pure carbolic acid. There is an atrophy of the mucous membrane, leaving only the uncovered nerves and the vessels in the part affected. The affection seems to travel over the mucous membrane slowly, leaving atrophied tissues behind it. Even excision fails to cure, as the disease reappears. In two such cases I have obtained the best results from the application of europhen ointment, thirty grains to the ounce of petrolatum.

Two weeks ago a young lady came to me with that peculiar running diarrhea indicating rectal ulcer. The ulcer was located just inside the sphincter, and was very painful. This ulcer, if neglected, is apt to dissect out the sphincter and commit great ravages. I urged an operation, but the young lady shrank from it. I then prescribed for her the europhen ointment mentioned, more with the object of gaining time and accustoming her to the idea of the operation than with any hope of success. However, in two weeks she is well; a large, costive stool giving scarcely any uneasiness.

One of the greatest difficulties in treating morphinism is the hypersensitive condition in which the nerves are left when they have come out from under the morphine. Things that would hardly be noticed ordinarily, become simply devilish in their power of annoying. Just when the victim has rid himself of the morphine, and is getting the upper hand of the insomnia, pruritus ani, coryza, neuralgia, or some similar fiend comes to torment him and urge him back into the slough out of which he has just painfully struggled. The amount of suffering in

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such cases from complaints ordinarily trivial, can only be realized by those who have witnesssd it. Some day I will have to write a book on the narcotic habit.

WILLIAM F. WAUGH, M.D.
Philadelphia, Pa.

Danger in Books.

Editor MEDICAL WORLD:—P. H. F., a boy five years of age, found on the street an interesting picture-book which he carried home He handled it several times, looking at the pictures. Eight days later I was called in to see him. He had been ailing for a day or two, and had now developed the sore throat and eruptions of scarlet fever.

His cousin, a little girl about the same age, residing several blocks distant, and who had shared the delights of the same book, was taken down with scarlatina on the same day.

The most careful investigation failed to reveal any probable or suspicious source of the disease, save only this stray and doubtless cast-off picture book from some infected house I have no doubt that this book brought the disease into these two families

There are few physicians who have not seen books belonging to schools, Sunday schools and circulating libraries, in the rooms and in the hands of children ill with contagious and infectious diseases. In the very nature of things, these books are not, and cannot easily be disinfected, but they are commonly returned to the libraries to which they belong, with the germs of disease almost hermetically sealed up between their leaves, to be unsealed and released in some innocent and unsuspecting family. Herein, doubtless, may be found the origin of some of those mysterious cases of scarlatina, diphtheria, etc., that are assumed to arise "spontaneously," without any recognized possibility of exposure

In the Brooklyn public schools the text books are the property of the city, and are loaned to pupils successively until they are worn out with use. Are these books destroyed or disinfected when the holders of them become ill with contagious disease? Even were the attempt made intelligently and in good faith, it would be difficult to reach the *concealed* cases that concededly exist.

It is beyond question that these books do become the common carriers of disease. They are returned from sick rooms, and eventually fall into the hands of the unsuspecting, with what result is but too evident.

It has long been noted that contagious diseases are far more prevalent when the schools are in session than when they are closed. Added to the necessary exposure of aggregation, is the further source of danger, that of infected text-books.

The remedy is obvious *All* books, pamphlets, magazines, toys and playthings that from their nature cannot be easily and certainly disinfected, should be relentlessly destroyed *by fire*. Do not encourage any false economy by trying to save anything that perhaps may have some intrinsic value, as in the end it may prove costly indeed, to say nothing of the risk to health and life.

Do not throw away such things, not even to be disposed of by the dust-man and the ash-man, but commit these things to the flames, thus securing absolute safety from the spread of infection by such fomites.

Brooklyn, N. Y. BENJ. EDSON, M.D.

Summer Diseases of Children.

Editor MEDICAL WORLD:—"O blessed health! Thou art above all good and treasure, the poor man's riches, the rich man's bliss."

Each issue of THE MEDICAL WORLD discusses the prevalent disease or diseases of the special season. We are about to enter upon a season attended with suffering and fatality to our nursing babes and children.

THE MEDICAL WORLD, through its columns, has accomplished much in successfully combating infantile and summer complaints.

I say successfully because the death rate in children is lessening every year, at least such has been my experience, and I have followed the advices of the profession, giving their experience, through the columns of THE WORLD.

Experience teaches us that the digestive apparatus of infants and children differ, as with adults, and in artificially feeding children we must meet the idiosyncrasy of the patient. No routine plan of treatment in nourishing children will prove successful. We must adapt the food to meet the requirements of the stomach, and not feed with the expectation that the child's stomach will adapt itself to the food. To-day science opens a wide field for speculation The pediatricians of to-day differ materially in their mode of dieting children. Some forcibly condemn the indiscriminate use of cow's milk and extol the use of pasteurized or special milk preparations. Others, again, proclaim a purely milk diet, etc.

The question of feeding our babes is a vexed one, and when we consider the differences of opinion existing among physicians, one is at a complete loss how to act.

Thousands of babes thrive upon cows milk pure and simple; thousands, apparently, do well upon condensed milk and the many pro-

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prietary milk-foods on the market. If the children thrive can we enter the household and say you must not persist in this or that manner of feeding? Can we establish a law governing the mode of artificially feeding and nourishing our children? So long as each child's digestive apparatus differs, so long will we be forced to tolerate the varied articles of food.

The physician should be prepared to prescribe a food easily digested by every stomach. What does our experience teach us? That foods should simulate, as near as possible, mother's milk.

Breast fed children prosper. At times the mothers milk is unfitted for the babe's nutrition, then it becomes imperative upon the physician to correct the secretion by diet, mode of living, exercise etc.

What food, or foods can substitute mothers milk? Dr. Ratch, of Boston, has given us a good formula for artificially feeding children, viz:

Cream	2 parts
Milk	1 "
Lime water	2 "
Sugar-water	3 "

The sugar-water is made by taking 17½ drachms of milk-sugar and dissolving it in one (1) pint of water.

I have prescribed this lauded formula unreservedly, seldom altering the proportions, with gratifying results.

The next problem to determine is, how are we to treat our sick infants and children medicinally? It must be remembered that I refer to diseases caused by milk fermentation, due to lactic, butyric and numerous other ferments.

Primarily, inquire into the immediate surroundings, mode of nourishment and clothing of the child. Correct the defects if existing, in as much as lies within the province of the physician. Ascertain the number of passages from the bowels, their nature, color and odor: Examine the vomited matter. The diagnosis being made, what will be the treatment?

With-hold all forms of milk from six (6) to twenty-four (24) hours, or *at least diminish* the alimentation by milk, give freely of barly, lime or rice water. Stimulate *prore nata.*

When the symptoms are those of gastro-enteritis, with vomiting, and stools of a disagreeable odor, prescribe.

R. Bis. subnit.....dram ss dram ii
Zinci sulph. carb.....gr. ii x
Lactis, sac, q. s.....ft. pulv. no x
Sig.—One every two hours or

R. Salol.....gr. xii dram ss
Bis subnit.....gr. xx dram ss
M Ft. pulv. no vi.
Sig.—One every two hours. If the vomited matter is mixed with bile, give

R. Hydr. chl. mite.....gr. ss gr. iss
Salol.....gr xx dram i
M. Ft. pulv. no x..
Sig.—One every two hours.
If the passages are green.

R. Cupri arsenitis.....gr. 1-25 gr 1-100
Aquæ q s. ad.....ounces ii
M. Sig.—dram i every twenty (20) minutes.

In mild forms of enteritis and colitis and in non-inflammatory diarrheas, small doses of the sulphate of magnesia and, tinct. of rhubarb will give very satisfactory results.

Whenever the symptoms become alarming, evacuations frequent and exhausting, and the above prescriptions fail to accomplish their purpose don't hesitate to draw out your hypodermic syringe and inject *morphine* subcutaneously, with brandy. LIONEL C. CHARBONNE, A.M.

Brooklyn, N. Y.

1885 St. Ignatius College. Chicago.
1888 Bellevue Hospital Medical College. N. Y.

"Slow Fever"—Reports of Cases.

Editor MEDICAL WORLD:—There is a type of fever that is prevalent at times through our section of the country, recognized and commonly known as the "slow fever" by both the physicians and laity. It prevails more or less through different sections in the South, and oftentimes results fatally. Owing to its peculiarity and phenomena it is rather difficult to make a differential diagnosis.

What gave rise to the synonym "slow fever" was the slow progression and its peculiar phenomena from all other fevers. In its mode of attack it resembles to some extent typhoid fever. It undoubtedly is a specific fever, caused by a peculiar poison, having a period of incubation of from three to eight weeks.

The symptoms commonly come on and disappear gradually. The patient experiences a feeling of languor, feebleness, occasionally a slight head-ache and loss of appetite. As the disease advances these symptoms are aggravated, and the patient finally succumbs. But the prominent symptoms of typhoid are missing. Thus: There is no diarrhea, no tympanitis or gurgling in the right iliac region. There is an entire absence of the rose-colored eruptions on the abdomen. The tongue in the beginning of the attack is of a whitish color, gradually shades off into a brownish coat. There are no sordes on the teeth. The patient is rarely ever delirious, holding his equilibrium to a marked degree. There is a flush to the cheeks, comes on in the evening. Constipation is a rule. At the latter stages hemorrhage sometimes takes place.

In my experience the mortality is not so great as in typhoid. I will briefly report four cases:

Case 1. Belle McD——, age 12 years, took her bed November 1st last. She had

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been complaining of feeling weak and tired and no appetite for three weeks previous. I dismissed her at the end of the fourth week with the fever broken. The bowels were not tympanited or swollen, there was no diarrhea and no pain. The tongue had a whitish coat on it, changing immediately to brown. The temperature in the morning was 102°F, in the evening 104°, until the last week when it fell to 101°.

Case 2. Mrs. M. McA——, aged 26, took the fever on the 4th of December. Upon examination I found the temperature 105°, pulse 120. This patient had no pain whatever from the beginning of the attack to the finish, which was at the end of the fifth week.

R. Mild chloride mercury.....grains 10
Sulphur..... " 15
Sub nitrate of Bismuth ..... " 20
M. ft. pulv. No. 3. Signa.—One every three hours.

Followed six hours after with a full dose of castor oil and spirits of turpentine. I then put them on quinine, forty to sixty grains in the twenty-four hours, giving it from one o'clock A. M. to one P. M., three hours apart. After a few days I give:

R. Spirits turpentine.....drams ii
Tinct. opium camph.....ounce i
Simple syrup.....ounces viii
Whites of two eggs.
Mix. Dose.—Teaspoonful every five hours, as a febrifuge and tonic.

R. Aromatic sulphuric acid
Dose:—Ten gtts. in a wineglass of water three times daily before meals.

In connection with the general treatment I keep turpentine stupes to the bowels all the while. For nourishment I give sweet milk one-half pint every three hours. During the latter stages I give small doses of brandy at short intervals. If complications arise I treat the symptoms, hemorrhages being the most common, for which I use acetate lead and opium. For any case of typhoid, with the exception of the quinine, the above treatment proves the best treatment I have ever used.

Rockford, Ala. JULIUS JONES, M.D.

Intermarriage of Relatives.

Editor MEDICAL WORLD:—If Dr. Burrow, page 175, would give some of his observations which call forth such unqualified condemnation of the intermarriage of relatives, it would undoubtedly be more convincing than his simple assertion "that some of the most shocking and hideous deformities and pitiable imbeciles that ever came to his knowledge were the offspring of cousins marrying." Please give us facts that we may be convinced. I am open, for one, to conviction on this subject. A very remarkable circumstance occuring in the family of a relative of my wife I will now relate. Four deaf mutes were born in succession to this family. If I am not mistaken they were all girls. The father was a child of own cousins and remarkably bright. If Dr. Burrow has anything more surprising on this subject will he be so kind as to let us, who ask for further light have it? W. C. DERBY M.D.

White Cloud, Mich.

Alligator Bite.

Editor of the Emergency Hospital Reports:

Dear Sir: After some delay I will endeavor to give you a brief history of Dick Burnham's narrow escape for his life on the 10th day of August last. Dick Burnham, together with five or six other children younger than himself, was bathing in Crescent Lake, near a sawmill which employed some ten or twelve men, some of whom were engaged in hauling up logs from a raft. The children were climbing upon the raft and jumping off into the water, until finally Dick Burnham, while climbing on to the log was caught by an eleven-foot alligator who swallowed his entire left leg, inflicting thereon twenty-seven distinct wounds, the most dangerous of which was an "U" shaped laceration in the groin. The flap was six inches in length and five in breadth and exposed the femoral artery. Of the other twenty-seven wounds, some were five inches long and two inches in depth, while those below the knee were not so severe. Fifty-six sutures were used to close the wounds. For the first two days I kept the limb constantly wet with a solution of chloride of sodium. I then for five days used a solution of carbolic acid, after which a solution of mercuric chloride (1-4000) in connection with the ointment of oxide of zinc was applied until all the wounds had healed, and today Dick is walking about as well as he ever did. His limb is as sound and as straight as ever, but is still marked with the scars that bear evidence of his narrow escape from being buried in the belly of a monster. This is the first instance known in this country of an unwounded alligator attacking a human being. Dick is a well grown boy, 16 years old, and from present appearances will live out his natural life.

G. F. SPRAGUE, M.D.

Cresent City, Fla.

The Study of Anatomy.

Editor MEDICAL WORLD:—If there is any one thing that tends to discourage a medical student at the very outset of his professional study it is that exhaustive work known world wide as "Gray's Anatomy." Possibly he starts out with noble resolutions to master its voluminous

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teachings in a hurry, but as he plunges ahead through the description of the intricate mechanism of the human body he soon realizes that he is walking in sand, as it were, which obliterates his foot-steps as rapidly as he proceeds, and it is only by the patiently repeated courses that the evidence of this work is revealed.

It is a common saying that the sight of a little food stimulates an appetite, whereas a bounteous repast acts reversely, and this might also apply to the study of anatomy. To be sure, it is all there and must all be learned, but there is a right and a wrong way to study advantageously, and I believe that the average student will never thoroughly enjoy this branch of study nor attain the permanent knowledge of it until our professors realize and materialize the fact that a graded course in anatomy is necessary. Some will say we cannot divide it up very well, it is all there and must be learned together. There is just as much sense in the thought which prompts that remark as there is in the idea of putting a beginner in geography into the largest edition. In that branch of education they begin with the principle and prominent points to be learned and increase gradually until the whole knowledge is mastered; the scholar is not discouraged in this way, his portion is small and he is anxious for the second course and works harder for it, whereas, if it is all placed before him at once his appetite for study vanishes rapidly.

I maintain that every medical student should pursue three courses of dissections in a graded manner; for instance, the first course should consist of learning simply the names and location of the bones, muscles, nerves, blood vessels and the internal organs in general; the second course should bring him deeper into the science by teaching the origin, insertion and nerve supply of the muscles with a deeper study of the blood vessels and nerves, while the third course should teach the relations and actions of all he has before studied, with a general review of everything.

If our colleges would adopt a system of study similar to this there would be a marked improvement in the final examination papers, and anatomy would not be the great bug-bear that it now is to the majority of medical students. Remember I do not condemn Gray's anatomy, I simply recommend a graded course and that the original big book shall not be seen until the third year of the student's work. How many of you think I am right?

C. A. SANFORD.
113 East 18th St., New York.

The Coal Tar Antipyretics.—The Treatment of Diphtheria.

Editor MEDICAL WORLD:—In looking over the pages of THE WORLD I saw a communication from Dr. H. C. Hall calling attention to the indiscriminate and injudicious use by physicians of the coal tar antipyretics in the treatment of continued fevers. I am pleased that the Doctor has sounded the tocsin of alarm and hope that its warning notes will not pass by unheeded in the ears of the profession. The coal tar antipyretics have become a hobby with quite a large number of physicians, and not with physicians only, but has in numbers of instances through the instrumentality of the attending physician passed into the hands of the laity, causing disastrous and often fatal consequences. Such a state of affairs calls for a halt and that promptly. I am glad that the Editors of THE WORLD so fully concur with Dr. Hall in his timely warning. I have some time since set my face as a flint against this indiscriminate use of coal tar derivatives, having seen so much of the bad results caused by their very injudicious use, not only in continued fevers but in other diseases.

I also noticed on page 93 of THE WORLD'S issue for March an article by Dr. M. Thrasher on the use of eucalyptol in diphtheria, having had a somewhat extensive experience with eucalyptol. I can fully endorse his statements in regard to its use in diphtheria; it is certainly a powerful germicide as also a disenfectant as well as a tonic and stimulant and, as Dr. Thrasher truthfully remarks, it seems to possess all the requirements neccessary to meet the pathological conditions found in a case of diphtheritic inflammation. I use it not only in diphtheria but also in croup, with fine effect; also in connection with eucalyptol I use salicylic acid by irrigation, the solution is made by dissloving one part of the acid in twenty of alcohol, and then adding water. I use a fountain syringe, the rubber tubing ending in a small glass tube, tapering at the point like a dropping tube. The head is held by an assistant, the tongue depressed, and the jet directed into the mouth and posterior pharynx with sufficient force to remove the false membranes if they happen to be loose. The quantity used must depend upon the judgment of the operator. As a matter of course the irrigation does not wholly replace other remedial measures. I allow the patient to partake freely of milk and lime water; a goblet of cow's milk may have four tablespoonfuls of lime water added to it with good effect. The way I have it made is to procure a few lumps of unslaked lime, put the lime into a stone jar and add water until the lime is slaked and of about the consistance of thin cream; the lime settles, leaving the pure and

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clean lime water on the top. It allays intestinal and gastric irritability, institutes healthful tissue changes and also stimulates the secreting and excreting glands. W. K. GRAYSON, M.D.

White House, Florence, Tex.

Prescription Writing.

Editor MEDICAL WORLD:—In your May issue, page 169, Dr. C. A. Patterson gives a formula for a local anesthetic for use in the extraction of teeth, as follows:

R. Morphinæ sulphatis
Acid carbolici
Chloralis hydratis
Cocainæ hydrochlor.....aa gr. v
Aq. rosæ .....flv. dram v
M. S.—Inject in ij in the gums for each tooth.

Dr. Patterson credits the above to Saunder's Pocket Formulary. As I have not that work at hand to refer to, I am constrained to write for information. Is the foregoing formula correct? If so, why is the odd aggregate quantity stipulated? And what is the meaning of flv dram v?

In this connection, Mr. Editor, I wish to earnestly suggest that it is important that all formulas be constructed as simply as possible and written in plain and unmistakable terms, for by such rule others will more certainly understand the author, and there will be less risk of mistakes and errors in practice. Take, for instance, the formula above cited. If the "flv." is merely a typographical inadvertence, as I suppose, the formula contains one grain of each active agent to the dram of vehicle. If that is correct, how much better it would be to direct that four grains of each active agent be dissolved in half an ounce of vehicle or eight grains in an ounce, etc. I don't know how it is with practitioners generally, but I never use a published formula when the compound results in a strikingly odd number of grains, drams or ounces. In each case it invariably occurs to me that there is an error somewhere, and that I can better afford to work without what might be a valuable suggestion than to take a risk in experimenting with it.

I hope, Mr. Editor, your many valuable contributors will consider this crude suggestion, for I enjoy reading THE WORLD very much, and often derive vast benefit from one number, but, unfortunately, once in a while I find something that is not clear and perforce I lose the benefit of a possibly valuable suggestion that some one has studiously worked out and kindly offered the profession.

Elberton, Ga. A. S. TODD, M.D.

[To an intelligent physician, like Dr. Todd, a formula is not a rule to be literally followed, but to be used as a suggestion or general guide, to be studied and modified to suit each particular case according to the judgment of the physician. With this statement of our views we place Dr. Todd's suggestions before our readers.—ED.]

Mutual Antagonism of Diseases.

Editor MEDICAL WORLD:—I have read with much interest your editorial article on the above subject in the June number of THE WORLD. Please permit me to contribute my mite of experience in this connection.

Mrs. M., aged about 50, two years ago consulted me with regard to a rodent or lupoid ulcer, situated on the skin of the forehead, of small size and of apparently very slow development, she having noticed it more than a year previous to calling my attention to it.

After applying some of the usual remedies without effect, I advised its removal with the knife, but, owing to its slow advancement and apparent lack of malignancy, she neglected to have the operation performed.

In November last she had a severe attack of facial erysipelas, for which I was called to attend her. She made a good recovery, and, greatly to my surprise on my last visit, I noticed that the ulcer had entirely healed. I called her attention to it and she informed me that she had noticed a change in it very shortly after the erysipelas had come on, but ascribed it, of course, to the medicine she was taking for the latter trouble.

I must confess, that, although I had then heard of the theory of "antagonism," it was not until I read your article a few days ago, that the true reason of the healing of the ulcer flashed upon me. Geo. G. MELVIN, M.D.

Alma, N. B., Canada.

Editor MEDICAL WORLD:—We find in the November number of your valuable journal, on page 413, a communication and citations from Dr. C. M. Lewis of Centerville, Ohio, on "slow fever" or enteric "chronic malaria."

It would be impossible, in so small a space as would be accorded in THE MEDICAL WORLD, to attempt to answer the doctor in, what seems to us, his anomalous and untenable position which he holds touching the behavior of malarial fever.

We would be driven by his writings to the inevitable conclusion that the influence which the microbe malaria exerts, in Ohio, is one thing and what years of experience, in the West, has taught us quiet another. In fact, so vastly different, so diametrically opposite, we would scarely recognize the "ear marks" of what is supposed to be one and the same germ.

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In fact, we are led into the belief that this much abused germ, "more sinned against than sinning," is out of its latitude in Ohio—that it somehow doesn't feel at home there; either this or its influence for good or evil is terribly circumscribed, disguised or buried up by the more subtle, the specific, bacillus of "typhoid," "enteric," or whatever *nom de plume* it may chance to be sailing under.

In the West a pure case of malarial fever becomes "typhoid," "enteric," etc., just in proportion as the breadth of the doctor's ignorance touching his clinical knowledge of the disease is profound.

In this climate the great majority—a vast percentage—are without any bowel lesion whatever or any symptoms pointing toward a bowel trouble.

Should enteric symptoms develop and complicate the case, if the physician is called in season there is but little excuse for serious trouble, except in very young children; in consequence of the alimentary tract being tender and easily irritated, the disease from its incipiency is very apt to express itself upon the weakest part, "which must stand the strain," the bowels.

If this complication should supervene, cases of infants excepted, and saline and rhubarb laxatives with carbolic acid as an adjuvant are resorted to, and terpentine stupes, if necessary, there will, then, be but little trouble providing the disease *per se* is properly handled

I first control the heart's action—holding the beats as nearly normal as possible, never allowing more than eighty-five or ninety per minute, making use of whatever cardiac sedative is indicated, gelsemium if there is any tendency toward brain trouble, veratrum viride (Norwood's tinct. is our choice) in the event of lung trouble, aconite if there is irritation of the bowels and digitalis when there is danger of a flagging heart; then, after the heart is under control, if the disease has not had too many days advantage, throw into the system all the cinchonidia that the stomach will tolerate, without rejecting, together with nitrate of potash, to keep the skin and kidneys acting freely, and as soon as an apparant advantage has been gained over the disease, which is noticable by a peculiar color of the skin, having a relaxed and jaundiced tinge, then introduce a little calomel, sufficient to aid hepatic action, ignoring the use of nourishment almost altogether; whenever food is given, then make free use of pepsin.

The results will prove both the wisdom of this treatment and the entity of malarial fever as not only separate and distinct from "enteric," but that where those symptoms are developed they intrude as a complication and not as disease *per se*, nor as localized malarial fever with an affinty for the bowels. Dr. McCADELL,

Greenwood, Wise Co., Texas.

Causes of Neurotic Troubles—Deficiency of Tissue Elements in Fine Flour—Cigarette Smoking.

Editor MEDICAL WORLD:—The great number of neuroses and an increasing number of serious eye troubles in this vicinity, amounting in some cases to total blindness, suggests the question whether, in other communities, such a tendency has been observed, and if so to institute a searching inquiry as to the probable cause. Several years ago I saw an article in some journal stating that by the new process of patent roller flour, the phosphorus and other proper nerve or brain elements of food were eliminated from wheat, the almost universal bread supply, and the most nutritious part of the grain consigned to the waste or offal. A scientific investigation of this subject is a matter of great importance, which, for the sake of humanity, I hope may be made by those qualified for the task, and the pleasing reflection that they have contributed to the welfare of the human family may be a source of joyful feelings by day and pleasant dreams by night.

One great evil which may perhaps have a greater tendency to serious results than the subject above referred to, is the almost universal habit of cigarette smoking. This may, and perhaps does have a more disastrous effect upon the healthy and normal functions of the organs of nutrition than does the lack of all the wheat constituents. We see children from five years old to mature age, both white and colored; and, sorry to say, ladies of refinement, indulging in the vicious and disgusting habit. I know of boys and men who use forty to fifty during the twenty-four hours, even breaking peaceful rest during sleeping hours to gratify this evil propensity. While the baneful effect of this practice may be insidious in its approaches, and not appreciable for awhile, yet there is scarcely a doubt that in time the distressing effect upon the nervous system will be apparent and demonstrated by the insufficiency of the action of the heart, and, as a consequence, the want of proper nourishment, not only to the brain, which may be the first to develop, but to every organ of the animal economy, and hence there is a greater inability to resist disease, and less power toward recovery.

If the views herewith given are sustained by the experience of the medical faculty, it becomes our duty to investigate and present the subject to the laymen, whose combined action and

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influence may find a remedy for these evils if not by precept and example, then by a resort to legal enactment, a beginning of which was inaugurated by the recent legislature of Alabama in reference to the use of cigarettes.

Of greater importance than the subject above discussed is the increasing habit of using morphine and other narcotics, which not alone injure the health, but often bring about a state of mental depravity resulting in fearful and everlasting disgrace.

G. W. KEMPER, M.D.

Port Republic, Va.

Exposure to Severe Weather During Labor.

Editor MEDICAL WORLD:—I noticed in the May number of THE WORLD an article written by J. F. Locks, entitled "Why Didn't She Die?" I have a case to report and while the WORLD family are making up their minds as to why she did not die, they can answer the same question in my case.

On one cold stormy December night, the wind north-east and blowing hard, the thermometer marking nine degrees below zero, I was called to attend Mrs. P., in a case of child birth. I found her, by direction of her husband, in a little old house a mile from any other house, one that had been partially torn down, without a window or door and without a piece of furniture in the house, or a dish save an old oyster can. This woman sat down in the corner of the room, having labor pains and shivering from the cold. The husband left immediately for some help, while I hunted around and found enough old iron to make a stove of without pipe and built a fire thereon. We had good ventilation, as nothing hindered the free circulation of air in the room, and right there on that bare floor in that draft of cold air this lady gave birth to a nice large boy. I melted snow in the old oyster can and made her some hot capsicum tea. She remained in this place until the next day, when we moved her home. They were caught then in the drifting snow while on there way home and she could go no further. "Why did she not die?" A fever and ague chill would be ashamed to try and compare with those chills of this mother during this time of her stay in this old house.

She made a good recovery and apparently suffered no bad effects from her frozen experience.

OLIN F. BUELL, M.D.

Henderson, N. Y.

Editor MEDICAL WORLD:—"The Physician as a Business Man" is a library in itself. No doctor can afford to be without it, even though it should cost ten times the price asked. Cash dollars represent its value to me to day. LOUIS F. HIGH, M.D., Woodburn, N. C.

Dysmenorrhea.

Editor MEDICAL WORLD:—I wish to add my testimony to the efficiency of the formula of Dr. Thos. E. Craig, presented through the *Prescription* and reprinted in your June number, for dysmenorrhea. It is an old and reliable "standby" with me. I obtained it in 1855, while in attendance on my last course of lectures, from Dr. E. D. Fenner, who was then a visting physician to the great Charity Hospital (New Orleans), and who afterwards was Prof. of Theory and Practice in the N. O. School of Medicine, and whose contributions to the literature of the great and fatal yellow fever epidemic of 1853 are well known and highly appreciated by the profession generally.

The Doctor was highly eulogistic of the prescription as a dysmenorrhea remedy and published an article in the *Hospital Medical News and Gazette*, (New Orleans), on the subject which I have somewhere in my mountainous, pile of miscellaneous medical literature.

The formula as advised by Dr. Fenner differs from the one of Dr. Craig's in that it contains *one scruple* of the mercurial chloride instead of *two grains* to the same quantity of menstruum. Here is the formula as it appears in my note book made in 1855:

℞ Powdered resin of guiacum, Canada balsam, each.....1 ounce
Corrosive sublimate.....1 scruple
Oil sas-afras.....2 fl drachms
Alcohol.....8 fl ounces

M—Dissolve the mercurial salt in one-half the alcohol, then add the remainder and the other ingredients. After digestion, filter.

Sig—Ten to twenty drops morning and evening, in wine or water.

If you will consult Griffith's Universal Formulary, page 238, published in 1850, you will find above formula recommended in syphilis.

For more than 30 years I have kept this preparation ready prepared, labeled, "Fenner's Solution," and have frequently resorted to it in a variety of abnormal conditions, notably, chronic rheumatism, tonsillitis, and various skin diseases, and almost always with great benefit to the patient. But it is in dysmenorrhea that I regard it as *par excellance* the remedy. I commence with it ten to twelve days before expected periods, giving it as above directed, continuing it for two or three periods. In five instances, four white and one colored, in whom the menstrual periods for years have been attended with great agony and dejection of spirits, and who have been sterile from date of marriage, in a short time the accessions became calm and bearable and the women happy mothers.

I think if the Doctor will increase the mercurial salt to the standard in the above formula his patients will not "drag on," but will show im-

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provement from "the go." Circumstances and complications must receive due consideration.

Winkler, Tex. T. B. GRAYSON, M.D.

Diphtheria or ——?

Editor MEDICAL WORLD:—It is not that I have anything new to offer, or have developed a line of treatment outside the present ken of the profession that must be my excuse for this paper, but rather to present a few thoughts on the diagnosis of diptheria *a fortiori*, because I am of the opinion that the diagnosis is not always so easy or so clearly distinct as many would have us believe. Again, it has appeared as if too much stress has been laid upon treatment and too little upon positive recognition. How many times have we been summoned to the bedside and found the child with a "sore throat," a whitish membrane covering the tonsils and uvula, more or less tumefaction of the parts, restlessness, and a certain amount of enlargement of the lymphatics about the angle of the jaw, and we have hesitated in our expression of opinion to the parents and friends? We have asked a few hours grace before stating a positive diagnosis. Frequently under ordinary means the throat has cleaned up, the child convalesced and in a few days has been up and perhaps about? We have asked ourselves was it diphtheria? We are called to another case, with all the appearances similar, we adopt the same measures of treatment, and the result is rapid extension of this, to all appearances the same membrane up through the nares and down into the larynx, rapidly running to a fatal issue. Have we not pronounced the latter diphtheria and the former case something else, basing our conclusions on the termination of the case rather than an actual and positive diagnosis of the disease itself? It is not to be wondered at that mistakes in diagnosis are made, and that the physician is puzzled when bacteriologists themselves have, even with the aid of a microscope and other valuable resources always at hand, differed materially in their opinions of the same pathological membrane, submitted for examination. Let me cite what I consider an interesting case, one presenting much of the obscureness and perplexing symptoms.

Mattie P., aged six years, an anemic child, from birth suffering with stomach derangements, returned from school "feeling tired." The next day her throat was a little sore and her mother commenced giving tinct. ferri mur. about two or three minims every few hours. The second day I was called and found enlargement of the left tonsil, difficulty of deglutition, the lymphatics about the angle of the jaw swollen and tender, and the surface covered with a pellicle which, from the iron taken, was impossible to differentiate as to whether it was creamy color, yellow or the so-called "typical ashy-gray." Temperature 103°; pulse 140°; urine contained no albumen. The severity of the symptoms continued for twenty-four hours and gradually subsided. I prescribed the mild mercuric chloride, gr. i every two hours, until bowels moved freely and the ordinary external applications and stimulants; locally the throat was sprayed with peroxide of hydrogen, and a solution of perchloride of iron. The case I diagnosed as follicular tonsillitis. Convalescence seemed progressing favorably, the throat was cleaning nicely. The visits were discontinued. Three days afterward the mother called to ask me as to tonics, etc., informing me how well the child was getting along. I prescribed, and in about an hour afterwards she hurriedly returned, stating that the child was much worse and arriving at the house I was horrified to find the child in all the agonies of apparent laryngismus stridulus. Laryngoscopic examination revealed that there was a membrane and it had extended into the the larynx, but its diphtheritic character was exceedingly doubtful—in fact, I positively refused to believe it was so. Dr. E. Fletcher Ingals, professor of laryngology and practice of medicine, Rush medical college, was summoned for consultation and confirmed the diagnosis, stating that while there was a natural suspicion of diphtheria that must always exist in such cases, and that probably many similar ones had resulted in the "diphtheria placard," yet the evidence here was far from conclusive. Intubation was then successfully performed, and by the way, this operation, so simple in its detail, and effective in its results, cannot be too strongly urged upon the notice of the profession. We all know the difficulties in obtaining the consent of parents and friends to tracheotomy, and the fatal delay thus caused. It so often happens that our patient is *in articulo mortis* before the knife is allowed, and at that juncture the hope must be a forlorn one indeed, while with early intubation we have very little of objection raised and the operation can be performed with your patient strong and all the environment most favorable. For about twenty-four hours after intubation the patient improved wonderfully, the pulse and temperature again approached normal, strength was gained, and generally the outlook was becoming satisfactory. In the night of the second day the chest was carefully examined and bronchitis found extending over three fourths of the upper lung area, with some little pneumonic crepitation at the bases. Under this complication the reserve

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fund in the bank of health was soon absorbed and fatal collapse quickly supervened, only temporarily relieved by copious enemas of brandy with hypodermics of nitro-glycerine. The points of inquiry in this case are, was it a case of diphtheria? was it pseudo-diphtheria, or is there such a pathological condition? was there an assumption of the diphtheritic type following a follicular tonsillitis? is such possible when the air in the room, the throat and everything surrounding the patient are rendered almost absolutely aseptic? and, granting the germicidal origin of the disease would not this make such a possibility less probable? If it were not diphtheria how can we explain the extension of the membrane into the larynx with its peculiar and terribly fatal consequences? If it were diphtheria why in a family when there are other children almost constantly running in and out and when, too, the neighboring children were frequent visitors, did not other cases develop? These somewhat disjointed remarks may read peculiarly but I have put them together with the idea that they might invite discussion and result in the obtaining of much information on a subject of such vital interest to every practitioner and fraught with so much gravity to every parent.

H. M. COWEN, A.M., M.D.

339 W. Harrison St., Chicago, Ill.

Hernia Reduced by the Aid of Cocaine.

Editor MEDICAL WORLD:—I was called in consultation recently in a case of inguinal hernia; a man, aged 45, who had been troubled with rupture for several years. When I saw him he had been under treatment by his family physician twenty-four hours with the usual remedies—ether, taxis, etc.—without avail. A surgeon at this time was summoned to perform herniotomy.

A long dining table was now made ready, instruments being carbolized, while another supply of ether had been sent for, and the patient was now put under full headway for the knife. Then it was suggested to inject a 4 per cent. solution of cocaine just over the abdominal ring. About fifteen minims was resorted to; the patient still fully under the influence of ether, gentle but persistent taxis was kept up for forty minutes, when peristalsis and circulation began to revive, in the strangulated gut. In about ten or fifteen minutes more, a gurgling sound was heard and an occasional rumbling of air told the tale—and it was all over. I hope to hear from some of your many readers, as to their experience with cocaine, as a local relaxant—whether it can be relied upon as being safe, when and where?

Pleasant Shade, Tenn. J. HIETT, M.D.

Ointments for Hemorrhoids.

Editor MEDICAL WORLD:—In the June number of THE WORLD, page 211, some one of its readers wants to know the best ointment for piles. I have been using these ointments for ten or twelve years, and I find that they are soothing and curative in all forms of the disease.

No. 1.

R. Iodoform ..... ½ drams
Zinc oxidi ..... 2 drams
Vaseline ..... 1 ounce
M. Sig.—Apply to the parts.

No. 2.

R. Ung. stramon.
Ung. gallæ.
Cerat. plumbi. subac ..... aa 1 ounce
Pulv. opii ..... 1 dram
M. Sig.—Apply to the parts night and morning.

D. M. RAMER, M.D.

Baggettsville, Tenn.

Ointments for Hemorrhoids.

Editor MEDICAL WORLD:—Permit me to give the inclosed formulas for "good pile ointments," for the benefit of "Ointment and Oil," in your June issue. The first is Allingham's number two is an original one, so far as I know. I presume the condition is external piles.

R. Bismuth sub. nit. ..... drams i
Calomel ..... scruples ii
Morphiuæ sulph ..... grains iii
Glycerini ..... drams ii
Vaseline ..... ounce i
M. Ft. unguent.

R. Tannic acid ..... drams i
Sub nit. bismuth ..... drams ii
Powd. opii ..... grains x
Vaseline ..... ounce ½
Lanoline ..... ounce i
M Ft. unguent.

I would like to ask J. K Eberle, M.D., who wrote on "Urticaria and Pneumonia," in the same issue, if the third homœpathic dilution equals one-millionth of a grain or drop of the drug, as the case may be? That is to say, meaning grains, would the first dilution be $\frac{1}{100}$, the second $\frac{1}{100}$ of this, and so on? If such is the case I would ask Dr. Eberle, or any of THE WORLD'S readers, if he or they really expect to produce any effect on a case of urticaria by administering to the patient "a few doses" of the millionth of a drop of honey? E. M. WARD.

Ellenville, N. Y.

The Kneeling Posture in Labor.

Editor MEDICAL WORLD:—Recently I was called on a rainy night to see Pauline W. (a colored woman) the messenger stating that she was "having a baby."

When I arrived I found almost an empty room, a few cooking utensils and a bedstead or two constituting the furniture.

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There were several negro women sitting around and, not seeing any body on the bed, I asked where my patient was.

They pointed to a woman kneeling on the floor and leaning over on an old trunk I told her to get up and get on the bed. And in less than a minute from the time I entered the room the child was expelled and fell on the bare floor. In a few moments the placenta was expelled also. There was no hemorrhage and no trouble in any-way.

This seems to me a good position for slow tedious labor when it can be practised.

The child gravitates toward the outer world and at the same time does not rest on the perineum.

I have been in the profession only a year and this is my first experience in writing for a journal and my first case of kneeling in labor, so I would be pleased to hear from some one who has had some experience if they think it worthy of their time.

I enjoy THE MEDICAL WORLD more than any other journal I read.

Pineville, La. J. A. WHITE, M.D.

Puerperal Eclamsia, Followed by Post-partum Hemorrhage Complicating Twin Labor.

Editor MEDICAL WORLD:—Mrs. S., aged 20 years, light complexion, auburn hair, blue eyes, well developed, in perfect womanhood, has had three confinements and is the mother of four children. I was called December 8, 1892, in the early night, to see her, the runner saying that Mrs. S. was expecting immediate labor, but is now suffering from intense dyspnea. Upon my arrival I found her as described above, but without any uterine pain. Digital examination showed the fundus of the womb resting upon the os pubis and the os pointing back into the sacral curve. Satisfied that there was no immediate labor and that the dyspnea was due to reflex nervous irritation, I gave her a quieting anodyne with the happiest results and left my patient to await future development. In about forty hours I was sent for. Found labor established, in as much as the os was dilated to the degree of one-half required to pass the head of the child. Pains were at regular intervals of from five to eight minutes, and at each pain the patient would clamp her head with both hands and cry with piercing agony, "My head! My head! It will burst open!"

If I could answer with perfect pathological accuracy, why the os would dilate under a pain involving the brain and at the same time the womb remain perfectly at ease, or if I could describe to a perfect accuracy what were the conditions of the nervous centres that caused the pains to be felt in the head and not in the womb, speculation in the case would cease and we again could deal with facts. I will offer a few suggestive thoughts, hoping to have clearer light from some one who may be better posted. We recognize two distinct nerve centres in our bodies. One is under the control of the will power, and we locate it in the brain; the other is the inorganic ganglionic centre following the venous system of circulation, larger or smaller ganglia are formed, dependent upon the organ to be supplied. Over these ganglionic centres the mind has no control. To illustrate, the heart pulsates, or we breathe, or the kidneys acts, or the womb will contract or dilate, independently of the will. For perfect health it is required that an equilibrium in action should be maintained between these two systems. It is when the ganglionic centres are in the ascendency by irritable excitement that the mind is subdued, as is portrayed in delirum tremens. With these facts presenting themselves, we are able to deduce the conclusion that the reflexed action from the gravid uterus upon the inorganic ganglionic nerves supplying the womb was so intensified that the effect upon the brain was first to produce the extreme pain. Secondly, the subduing of the will or mind to the effect upon the brain, due to the reflex irritation of the gravid womb, culminating in one hard spasm after another, which condition we recognize as puerperal eclamasia. The primary cause of irritation was the gravid womb.

I recognized immediate delivery as absolutely demanded in all such cases for the safety of the patient. Putting my theory into practice, I proceeded at once, after anesthetising the patient with chloroform, to deliver with forceps. When the little fellow made the welkins ring with that outburst of crying from newly expanded lungs, the "Praise the Lord" that went up from father and grand mother was unfeigned. Sadness was again depicted upon their faces when I announced that we must have another before the work is perfected. Ordinarily, in doublets, the second presentation is the breech or feet. I anticipated an easy job to bring down the feet and soon perfect the work. I was surprised to find another head not occupying the lower pelvic strait, but one high up in the womb, and incased in its own sack of liquor amnii, and now to horrify the friends the spasms returned, producing a rigidity of the muscular system. Again I used chloroform and delivered with forceps, and again were we glad to hear another little fellow cry out in no mistaken tone.

The placenta was soon removed, when followed pretty soon the most of all to be dreaded, the post-partum hemorrhage. To introduce the

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entire hand into the womb, letting the wrist act as a tampom and using the fingers to excite contraction, was only the work of a few seconds, while the attendant was saturating a clean cloth with strong apple vinegar, which I substituted for my hand. I was pleased with the result of the vinegar.

In the meantime I gave with my hypodermic needle dram i of Parke, Davis & Co.'s fluid extract of ergot, and gave by the mouth, fearing heart clot, drams ij of aromatic spirits of ammonia, dram j, fluid extract of ginger, in water. This course effectually arrested the hemorrhage.

After waiting for some reasonable time, by means of a fountain syringe I thoroughly douched the womb with carbolized water, not having the bi-chloride with me. Feeling assured that all cause of immediate danger was removed, I left her for the present to find her the next morning doing well. No change in the general directions given, and now, the fifth day, with all the secretions established, I deem it no longer necessary to continue my professional visits. S. F. MILNER, M.D.

Raysville, I. T.

Treat Rheumatism by Eliminating Uric Acid.

Editor MEDICAL WORLD:—I have read the "rheumatic" portion of the May number of THE WORLD with much interest.

The writers, with one or two exceptions, say nothing about the real cause of rheumatism.

From what I have gleaned from reading, I believe that uric acid is the cause of rheumatism. If we turn to Foster's or Kirk's Physiology we learn that uric acid is a product of the nitrogenous foods.

The uric acid is formed and deposited in the joints or hard tissues of the joints, where it excites the usual inflammation and its concomitants.

I dislike "shot-gun" prescriptions, such as those mentioned by Drs. Wilner, Abbott, Dorman and Cline.

Doctor, if uric acid is the cause of rheumatism, the one thing to do is to remove it.

How? The prescription of rochelle salts, by Dr. Spalding, and the salicylate and bicarbonate of sodium by most of your correspondents, is the true practice.

I use the salicylate of sodium alone, unless the pain is very severe, then I give codeine or morphine, which ever my patient can take best. If my patient can take capsules I fill twenty-four No. 2 capsules with salicylate of sodium and order two every two hours. Six doses each day. At night I give the opiate to relieve pain and procure sleep. If my patient's tongue is coated white I then give Dr. Spalding's remedy, rochelle salts, and continue it until the white coating of the tongue is removed or changed. I like the rochelle salts because it is more pleasant to the taste than any other alkali and is certainly as good.

With the above treatment I can cure an uncomplicated case of acute rheumatism as quickly as I can a case of chills and fever.

I. B. WASHBURN, M.D.

Rensselear, Ind., Rush, 1861.

For Obstinate Urticaria.

Editor MEDICAL WORLD:—For Dr. Detwiler's case of urticaria (April number) I would suggest the use of

R. Potass. bitart ..... oz. i
Aquæ ..... oz. ij
S.—To be taken, in broken doses frequently repeated, in twenty-four to thirty-six hours.

Sacch. alb. can be added if desired. Prescription to be repeated if necessary. I have used the above recipe for urticaria for the past twenty years and have never had it to fail.

Fruit Hill, S. C. A. W. VIDAL, M.D.

Phenacetine for External Use.

Editor MEDICAL WORLD:—Rheumatic pain of joints, pains from sprains, contusions or bruises:

R. Phenacetine ..... gr. 15-20
Spts. vini. recti, Aquæ. bul. } ..... aa oz. i
Sig.—To be applied on cloths as hot as can be borne.

R. Phenacetine ..... gr. 15-20
Lanoline ..... dr. i
M. Ung.—Apply by manipulation.

Try it where indicated and the results will be satisfactory. DR. D. COIT TAYLOR.

Providence, R. I.

For Pruritus Ani.

Editor MEDICAL WORLD:—If R. T. Walker, M.D., will use for pruritus ani the following prescription, I am sure he will be well pleased with results:

R. Ung. hydg. nit.
Adipis ..... aa dr. iv
M. Apply locally night and morning, bathing with tepid water before applying.

THE WORLD is the best thing that I have found for the busy doctor.

Murray, Ky. A. G. WILSON, M.D.

For Dropsy.

Editor MEDICAL WORLD:—If any of the readers of THE WORLD have a case of anasarca or ascites, let them try the following recipe and if they do not see wonders, then I will be greatly mistaken. Have used it in seven cases, and the good effect is to be had inside of thirty-six hours:

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R. Calomel.....gr. 1/10
Ipecac pulv.....gr. 1/4
Digitalis pulv.....gr. 1
Scillæ pulv.....gr. 1/2
Potassii nit.....gr. 1/2
For one pill.
S.—One after each meal and at bed time. After swelling abates give tr. ferri. chloride gtt. xx, glycerine gtt. xx ter die

Woodstock, Va. W. S. CLINE, M.D.

For Chronic Malarial Conditions.

Editor MEDICAL WORLD:—I have had good results for many years with the following treatment:

R. Podophyllin.....gr. 1
Ol. resin capsici.....gtt. ii
Ferri ferrocyanidi.....gr. xii
Quininæ sulphat.
Cinchon. sulphat'.....aa gr. viii
Gelsemin (*concentration*).....gr. ii
M. Ft. pil. no. xvi.
S.—One pill every three or four hours.

The above is effectual in chronic malarial disorders with constipation and hepatic torpor. If there be catarrh of the intestines, I leave out the quinine and in its place put two grains of the extract of nux vomica.

I have also used the following for a similar purpose:

R. Ext. nux vomica.....gr. ii
Conchonidiæ sulphat.....gr xii
Podophyllin.....gr. ss
Ferri sulph. ex. sic.....gr. vi
Ol. resin capsici.....gtt. i
M. Ft. pil. no. xii.
Sig.—One to be given before each principal meal, and in some cases, one at bed hour also.

W. C. BUCKLEY, M.D.
723 Berks Street, Philadelphia.

Replies.

Editor MEDICAL WORLD:—Dr. George F. Hunter's patient has angina pectoris or some neuralgic trouble about of the nerve supply of the heart, probably hereditary, malarial, from nervous anger or abuse of stomach by excesses or the too free use of coffee or tea, by eating too fast, making his stomach do what his teeth should do, bolting his food and washing it down with water, coffee, milk or ice-tea and tobacco. Many business men, as well as gluttons, are guilty of this bad habit. Wash out the lower bowel very thoroughly with warm water through an alpha or omega syringe. Give a large dose—scruple i—of blue mass at bed time and a large dose, from one to two tablespoonfuls—of sulphate of magnesia in warm water on an empty stomach in the morning, and give a good heart tonic every two, three or four hours. Let him treat his stomach like he would a gentleman. If that does not improve the case, provided he quits excesses and tobacco, and does not allow himself to get mad, then send him three to six weeks to Hot Springs, Ark., or to live in Texas west of the Brazos river, or north of T. & P. R. R., where rheumatism is but little known.

Dr. G. P. Johnson does not sufficiently describe his "lady's" case, but I suspect the ducts leading from Broca's glands or canal of Nuck are obstructed, or that some sebaceous gland is obstructed. Bathe, anoint and probe to open these, as you would a tear gland; or it may be there is an excess of uric or other acid, coming from the kidneys or bladder. Analyze urine, take specific gravity, and these tests will tell you much. Irrigation of bladder with soda bicarb, and eucalyptol in warm water gives great relief, if acid is in excess. Give

R. Soda bicarb.....ounces ss
Carb. litiæ.....drams js
Fl. ex. hydrangeæ.....ounces ss
Aqua dest. ad.....ounces iv
Sig.—Desert spoonful in warm water every four hours.

For the pain give codeine in full doses, and see that the bowels are flushed by epsom salts every two or three days. Take away all rich, irritating food or drink, wash the vagina with soda water, often examine for stricture urethræ, or for prolaps of meatus urinarius, and use cocaine (if there is no albumen in urine), dilate urethra and use electric needle in protruding mucous parts of meatus and anoint with lanoline and cocaine.

My dear Doctor D. L. Sigworth, next time you have a podalic version case with adherent placenta, be sure you use plenty of sublimate soap, have clean hands and short clean finger nails, anoint hand and arm and vagina with vaseline, deliver child, and if the placenta does not come away naturally in three hours, irrigate vagina with 1-3000 hydrg. bichloride, pack vagina with oakum, pack very full, go home and go to sleep and on the morrow, when you remove the oakum with sublimated and oiled hands as above, that adherent placenta will drop down into the vagina. Keep your patient exquisitely clean, and there will be one less funeral in your neighborhood. I've been there myself and deeply sympathize with you, for thirty-four years of practice has forced me to leave off many things I did even ten years ago.

Dr. Jas. Keeler's successful operation without tools reminds me of an amusing circumstance during the war. I was going from Port Hudson to Rockwall, Texas, in my ambulance. I usually stopped near some farm house for dinner and to rest the horses. Being at noon near a comfortable looking farm house, I sent my negro hostler to the house to buy or beg some good, sweet well water and a soldier's delight—country butter milk. Now, be it known that most of the slaves were fond of giving any title "young mars" might have. This faithful boy went promptly and informed the mistress of the mansion that his master, Dr. Brown, requested some butter milk. "Lord bless me,

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boy, is your master a doctor?" "Yes, marm." "Run and tell him to come here quick. My poor, dear soldier son is home on furlough and has eaten too much." I repaired quickly, desiring to help a poor sufferer, and knowing I could get anything that plantation contained if I succeeded in relieving that poor soldier son. I soon saw that the trouble was excessive feeding. I washed out the stomach and bowels by puke and purge and injection, and gave a strong opiate from my scanty confederate supply, and to be doing something while the opiate was "getting in its work," I called for cupping glasses, but the war had used these all up. So I asked for some tumblers and goblets. This patient measured about forty-six at the umbilicus. I covered his belly with dry goblets, old style cupping glasses. About this time the patient expressed great relief, and joy and gladness spread over the face of that fond mother, and straightening herself up and raising both hands looked at me and said, "Doctor, what else can you do?" I assured her all my resources were common every day work, but that once, under peculiarly pressing circumstances in the swamps of Louisiana, I cupped a big fat fellow with a plantation churn. A. P. BROWN, M.D.

Fort Worth, Texas.

Reply to Dr. Whitney's Article.

[In the spirit of fairness which we hope shall always characterize our treatment of our fellow men, we publish the following letter from one of the advertising doctors concerned in Dr. Whitney's article.—ED. M. W.]

Editor MEDICAL WORLD.—*Dear Sir*—I notice my name among others in your valuable journal of May, in which H. J. Whitney claims to have got a horse joke on me. Kindly allow me to explain matters more fully in justice to myself. I am not personally acquainted with Whitney, who resides in a small village tributary to Spokane, but his name has been mentioned several times by my patients from Davenport.

The correspondence and urine reached me with many others, but as no examination fee accompanied it, I merely glanced at vial which contained a heavy white precipitate resembling phosphates, which are usually present in cases of spermatorrhoea, and made my diagnosis from the tone of the letter, and dictated the reply you have published. What physician would not have been liable to have been taken in the same way?

The article is headed "Advertising Quacks Exposed." It is true I advertise; but can you find anything in the enclosed clipping which partakes of the quackish character? I am a graduate of the Chicago Homœopathic College and a member of the College of Physicians and Surgeons, of Ontario. Are my credentials generally recognized? In this western country with its transient population, the physician who hides his lamp under a bushel usually starves.

Which is the most honorable and professional, to pay the newspapers for keeping one's name before the public, or to resort to such means as driving fast horses, occupying a prominent position in the church, paying a percentage to hotel clerks to act as cappers, having every slight surgical operation published as news in papers, or the thousand and one ways resorted to by every doctor in the west.

I have resided in Spokane upwards of four years, and during that time the jealous young doctors have exerted themselves to find some flaw in my method of doing business, but their efforts have been in vain.

Now, Mr. Editor, I will close simply by asking you to express your opinion in the MEDICAL WORLD as to whether you consider me a quack or no. Very respectfully yours,

W. NORTON DAVIS, M.D.

Spokane, Washington.

[We have read the advertisement—a single column in, we presume, one of the Spokane papers. The device for calling the attention of the public is the announcement of a prize of $100 offered to the first contestant who shall successfully reconstruct a verse from the Bible which is printed in the announcement in a transposed form. Then follows a shrewdly worded "Medical" advertisement, with a special mention to the ladies of diseases peculiar to their sex, and also of "Blood Diseases," in the treatment of which he "Uses no mercury or injurious minerals." The advertisement announces "Consultation Free," and "Our specialty is such diseases as have baffled the skill of other physicians." He also advertises treatment by correspondence.

In reply to Dr. Davis' question, we feel compelled to reply that all this is most decidedly unprofessional. We have no sympathy whatever with such methods. The doctor himself gives the right name to his practice when he speaks of it as "my method of doing business." It certainly is not a method of professional practice.

Now, our correspondent refers to certain practices said to be resorted to by other physicians in his section of the country. These we, as well as he, unreservedly condemn—not driving horses and belonging to church, for those things any one has a right to do and no one can judge of the motive—but paying hotel cappers and

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securing publication of cases. These practices have always been condemned by reputable members of the profession.]

The Prevention of Intemperance.

Dr. J. F. Johnson, of Martel, Wis., writes suggesting that physicians could prevent many of the cases of congenital appetite for stimulants by advising all pregnant women to abstain entirely from the use of all stimulants, alcoholics, coffee, tea, mustard, ginger, etc., during the period of gestation. He believes that in many cases the offspring is thus impressed with the necessity for artificial stimulation.

A Wedding, a Birth, a Death and a Funeral in the Family in One Day.

A physician writes us an account of a seduction case in which the father and mother were married within three hours of the birth of the child, which died two and a half hours after its birth and was buried before dark the same day. It always pains us to publish the details of such a case for the reason that it might still further hurt the feeling of some simple-minded girl, who, passively yielding to persistent and often merciless and unfair temptation, fulfills under pathetic circumstances the beautiful and wonderful law of her being—the imperious law of nature, which, at times, she may be almost powerless to resist unless protected from the temptation. We do not wish to add the mortification of a published account to the unmerciful and often undeserved ridicule already heaped upon the defenseless girl by the members of the community in which she lives—many of them only more or less pure themselves.

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Pigmentation of Pregnancy or Chloasma.

Editor MEDICAL WORLD:—I want to ask my brethern the best treatment for the discoloration, a dark brown, which comes on the skin of the breast, shoulders, neck, etc., sometimes on face of women after child-birth, and on men of fair complexion (over 60 years old). They are called commonly "moth patches," irregular in shape and not accompanied with any trouble such as inflammation, itching, etc. I have a case which I am treating with bichloride of mercury 1-10000, does not improve, although arsenic, iodine, potass. and sulphide of calcium have been given.

Would be glad to hear from anyone who has had similar cases. My case, the entire breast from below the nipple and mamma, up to the neck, is almost a solid brown color, a few white patches interspersed, and seems to be extending down the shoulders onto the arms—has been coming on for over a year.

Nativity, Swede; fair complexion, brown hair and eyes, a very active and otherwise healthy woman; has had a child now eighteen months old, the discoloration starting shortly after delivery.

Brodnox, La. BEN H. BRODNOX.

Feeding the Sick.

Editor MEDICAL WORLD:—I am sure that a great cloud of witnesses can bear willing testimony to help received in your numbers devoted to the treatment of pneumonia and of cholera infantum, and certain sections of the south and west must have had a good lift from the number on malaria.

Now, will you give your grateful readers everywhere a whole number devoted to *feeding the sick*—one of the most important and generally least thought of, of all the points in treating a patient.

I would like to read what your great family of writers can tell us of feeding the sick in acute disease, in tubercular disease, in other chronic diseases, in the indigestion of infants, in typhoid and common continued fevers. Is there in store any change for the stomach in every day and all day long trying to digest milk clots? What is the value of buttermilk? What is—but I forbear. There are a hundred and one questions to be asked and answered, and we want a whole number of THE WORLD to open up the subject and set us to thinking. Can we have it?

Windsor, Nova Scotia. M.D.

[We think the idea is an excellent one, and wish to devote the October number to that special subject. In the meantime, we desire that those who expect to contribute an article to that number would prepare it as soon as possible, so that we can properly arrange and systematize the articles that all phases of the subject may be properly covered. Also those who would like any particular points taken up and treated in that number, please communicate with us. —ED.]

"MONEY TALKS."

Dr. J. J. Taylor.—Allow me to say in regard to the "Physician as a Business Man," that I received $5.00 of value from it, ere I had the book fifteen minutes.

Yours very truly, GEO. S. HAZARD, Ph.G., M.D
1 Blue Hill Ave., Boston, Mass.

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Editor MEDICAL WORLD:—In all, or nearly all cases, marked by nervous debility or prostration of the nervous power, sexual intercourse is either to be prohibited or else indulged in very seldom. Nearly all authors give as one of the causes of such diseases or states, excessive intercourse.

Therefore, it becomes the duty of the physician, very often, to advise his patients on this subject. As prevention is better than cure, what I wish to know is, taking an average man, in ordinary health, about how often, as a general rule, can he indulge in intercourse, compatible with the continuance of the health of himself and wife.

The books all tell us that it should only be repeated within physiological limits, but they do not give even a hint as to what such limits are. As I have several cases under treatment, it is a subject in which I am much interested. Will you, or some of the readers of THE WORLD, of large experience in such matters, kindly state, about what is the average frequency of intercourse among the majority of people in ordinary health? Of course, I am aware that no fixed rule can be established, but having an average in health as a standard, we can more easily regulate in sickness.

I do not believe enough attention is given to this subject, in a large class of maladies of a nervous character. I would like to have the opinion of several. Any information from you or others, will be very much appreciated.

Naftel, Ala. S. J. NAFTEL, M.D.

An Inquiry.

Editor MEDICAL WORLD: I would like to have the judgment of some of the many readers of THE MEDICAL WORLD as to the following case: April 28th of this year Mr. C. called at my office for some medicine for his child, a well developed, healthy looking girl baby six months old. He thought it had a sore throat, as it would not nurse or swallow anything unless compelled to, and thought it had some fever. I gave him a mixture of pot. chlorat., spr. nit dul., tr. aconit., glyc. and water which he was to give every three hours if the child seemed feverish or restless. The next day at 10 A. M. he came for me to go and see the child. I found it very nervous, but not fretful; temperature 103, pulse 120; would not nurse any, and could get it to swallow nothing except by holding the spoon in its mouth and compelling it. Its throat was only a little red. It manifested no indication of pain when it did swallow. It had two or three light spasms before I got there and one or two while I was there, and almost constant twitching of the muscles of the face and limbs. I told them I could not say just what the trouble was, but thought it only a light attack of remittent fever. I left it a mixture of spr. eth. comp. and F. E. gelsem., with some powders of hydrarg. chlor mite. and soda bicarb., telling them to report the next morning. It had no further indications of spasms; nursed a little during the night, but seemed drowsy most of the time, and with the exception of that one time would swallow nothing unless compelled to. I went to see it the next day about noon. Temperature 102, pulse 140; no twitching; no indication of pain; seemed perfectly rational when roused up, but would not swallow unless compelled to; pupils responded but little or none to light, sometimes dilated quite large, and at other times very small. I told them the case was peculiar and asked for counsel. Dr. Kelchner was sent for, and he was quite as much perplexed as to what the trouble was as I. He continued about the same treatment, and as its bowels had not moved very freely, gave it two gr. of hydrarg. chlor. mite every three hours until its bowels moved freely. The next day I called to see her again and found it much the same. Fever varied from 100 to 103, pulse 140 to 150, slept nearly all the time, but seemed rational when awake. I told them I thought the child would not get well; so after I left they concluded to send for another physician. As I was busy in the evening I did not return with him but saw the Doctor on his return. He thought it a case of meningitis, and rather intimated, and I have understood since, told them it was cerebro-spinal meningitis. I returned to see the child the next morning. It was just about the same, except a little more stupid. This was the seventh day from the time it refused to take any nourishment, and only once during that time had it manifested any disposition to take any food or drink. From the third day on, we forced it to take what we thought it ought to have. After the first visit there was no nervousness; no opisthotonos at any time; no apparent disturbance at any sudden noise; a little moaning and rolling the head from side to side during the last two days. It had always been more than ordinarily healthy and bright up to two days before I visited it. From the start it showed no symptoms of pain at any time. There is no hereditary disposition to tubercular trouble in the family. Its bowels responded well to the calomel and soda. Its head was only ordinarily hot when its fever was high. We kept cold cloths on it when it seemed hot. It never vomited, and never seemed sick at the stomach. There was no bulging of the fontanelles. The child died early the next morning, the eighth day. The question is, what was the matter? G. O. BAILEY, M.D.

Armington, Ill.

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Editor MEDICAL WORLD:—I have a case that is very much of a puzzle to me and has proved so to other physicians who have treated it. About two years ago J. C. Kincannon came to me and placed himself under treatment for a sore on his nose, about an inch above the end of the nose.

The sore started about a year or a little more before he came to me. from what he supposed was a sun burn. At first it seemed to get dry and scale off, but after a while a fluid oozed through and dried in hard, yellowish-white lumps. These yellowish-white lumps adhered with great tenacity and nothing would soften them. The sore was not very painful, but annoying and very tender.

I at first gave:

℞ Tincture of galium.....ounce i
Water qs. ad.....ounce iv
M. Sig.—Teaspoonful every three hours during the day.

And topically:

℞ Tincture of galium.....ounce i
Glycerine.....ounce iii
M. Sig.—Apply on cloth or cotton three times a day.

The treatment did no good. I then applied the following:

℞ Powd. sanguinaria.....dram i
Zinc chloride.....grs xv
Flour and water to form paste, with galium and phytolacca internally.

This treatment also was a failure. Nothing would remove or stay the progress of those hard, yellowish-white lumps. I had the case under treatment about two months, and gave it up. He then applied to a cancer specialist by letter, and was treated for a year with no better results, and for some time past he has been treating himself. The sore has now spread down the right side of the nose and has reached the junction of the nose with the face. There does not seem to be so much of that hard substance but the nose is honeycombed with small holes. He has returned to me again for treatment. I think I shall treat it by electricity and I would like to ask THE WORLD and its readers for a diagnosis and some suggestions as to treatment, both as to medicine and electricity.

Edgar, Neb. T. E. CASTERLINE, M.D.

Editor MEDICAL WORLD:—Please allow me, by stating a case, to ask for help through THE WORLD. I am young in practice, and it has annoyed me greatly because of the frequently repeated calls and my inability to relieve, seemingly.

Mrs. A. B., age 46, average height, very stout build, highly nervous temperament, mother of three children, youngest 14. came under my care about one year ago, I being the last one to settle in the place, all the rest, three in number, having evidently been unable to cure.

She had a great amount of pain in the back and left side of abdomen, it has seemed at times that there was an enlargement of that side, but upon repeated examinations I have been unable to detect a tumor or any abnormal condition, excepting a quite sensitive ovary. Formerly she had been subject, for one or more times a year, to having "spells" when she used a great amount of physical exertion in thrashing about, becoming unconscious but talking all the time, praying or wanting others to pray for her, unable to scarcely catch her breath, unable to swallow, every one in the neighborhood around her excited, family all crying fearing her death at any moment, windows and doors thrown wide open, even in the coldest weather; vomiting or making attempts every few minutes, these spells lasting from one to three hours, ending and followed by a copious flow of straw colored urine. Of late they have been more frequent, but she has not lost consciousness as formerly, but with an increased amount of pain in the left side, "In my bowels," as she expresses it. She has photophobia, expressed by squinting the eyes. Her skin has assumed a dark hue of late, and under the finger nails and mucous membrane of mouth, etc., look blue. I have frequently examined the urine, but find no evidence of kidney or bladder disease, but for the last two months it has been of a very dark reddish brown color—no blood.

I withhold from stating what has been done to relieve this patient, because I cannot see as I have benefited her at all, have even asked to be released from the case for this reason, but was met by the reply, "You have helped her more than any other doctor," and have been sent for since several times. Of course I do not feel like refusing a call.

Any suggestion as to the treatment or disease will be very gratefully received.

I esteem the information found in THE WORLD very highly. F. H. FORSHEE, M.D.

McGrawville, N. Y.

Editor MEDICAL WORLD:—I would be glad to have assistance from you, or any of the many readers of your valuable journal, in regard to the treatment of the following case:

Patient is 62 years old and has always enjoyed good health, until about three years ago. He, at that time, had anasarca. The operation of tapping the abdomen was performed and about three gallons of water was taken from him. Very feeble health followed, and it was expected that death would soon end his case,

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but he slowly improved. The operation of abdominal paracentesis has been performed about eighty-seven times up to the present time. Quantity of water diminished about one-third, appetite good. Family history very good, excepting that his mother and brother died with the same trouble The water is sometimes the color of milk. He has been intemperate in the use of beer, tobacco and coffee. Would be pleased to hear from all who can give plan of treatment. Is there any one that reads THE MEDICAL WORLD that has ever tapped one person as often as eighty-seven times?

J. H. JOHNSTON, M.D.

Lindsly Ave. and Berrian St., Nashville, Tenn.

Editor MEDICAL WORLD:—I would be glad if some of your many readers would give me a treatment for a thoracic fistula of a year's standing. I have been using nitrate of silver as a wash, but it has not changed it much yet. A reply through THE MEDICAL WORLD would be all right.

Linesville, Pa. DR. J. O. KENT.

Editor MEDICAL WORLD:—I enclose an item taken from the *Ithaca Journal* of 8th inst. in regard to what seemed to me, if true, a very successful treatment of pneumonia, and would like you to make such statement of facts as you possess if there is any thing in it as represented by this article.

Homer, N. J. L. T. WHITE, M.D

[The clipping states that the treatment of pneumonia by digitalis is quite successful. It is similar to many other amateur paragraphs recommending the same treatment in various other febrile diseases, as small-pox, scarlatina, etc. We think the treatment will be more successful if the digitalis be aided by aconite and veratrum. However, none of these drugs should be recommended to the laity for self-treatment, as they now are in the general newspapers.—ED.]

Diabetes Mellitus.

Editor MEDICAL WORLD:—On November 20th, 1892, I was called to see Mrs. G., aged 51, who has been rather fleshy but has lost considerable flesh in the last three years.

She has been used to a good table and is exceedingly fond of sweets.

She has had a ravenous appetite, consuming large quantities of sweets, tongue is heavily coated and bowels costive; there is general weakness and lack of energy, skin is harsh and dry; she complains greatly of cold feet, alternating with burning sensations. There follows, for the last two or three years, blisters from ¼ to 1¼ inches in diameter. They come principally on the plantar surface of the toes. The small ones dry up rapidly while the larger ones slough out to a considerable depth. There is no sensation for a considerable distance around the vesicles. Others appear before these heal. I found kidneys acting freely—about one gallon each day. Urine clear, specific gravity 1.040 and containing a large quanity of sugar. I have been able to reduce the sugar, probably one-half, by leaving off the carbohydrates, except a small amount of bread.

If I give 1½ grains of gum opium or ½ gr. of sulph. morphine each day the sugar decreases till none can be detected either by Tromer's or Neidlander's test and specific gravity is reduced to 1.018 and quantity to about two pints each day. But my patient does not improve under this treatment. She loses her appetite, bowels become deranged, acting too freely, at times there is considerable tenesmus, very fetid discharges containing mucus, etc.

I have given the above treatment twice several days each time. Then by allowing a more liberal diet and giving treatment for immediate derangements and tonics, hydrastis, wild cherry, Fowler's solution, cod liver oil, etc., patient improves for a while when the sugar will begin to increase, vesicles on feet increase in number and size, and patient rapidly grows worse, occasionally with considerable rise of fever. I am very anxious for suggestions or advice on the treatment of this case. If some brother physician who has experience in such cases, will kindly write me directly I will certainly appreciate the favor. If you prefer not to write me please answer through the WORLD.

Fate, Texas. JOE H. LOVING, M.D.

Editor MEDICAL WORLD:—Will you, or some of your many readers, kindly give the formula for "Madam Pixley's Female Pills?"

They are put up by The Egyptian Drug Co., 29 Park Row, New York.

The peculiar circumstances under which I came in contact with this nostrum, make a knowledge of its constituents very important to me. Please give me "a lift."

E. E. THOMAS, M.D.

Horn Hill, Tenn.

Burning Soles.

Editor MEDICAL WORLD:—I desire assistance in treatment of the following case:

The patient is a multipara of nervous temperament, aged 27 years. Her general health

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is good. During first gestation she was occasionally troubled with a burning of the soles, chiefly at night; was not much troubled during interval between first and second pregnancies, but during second gestation the trouble was almost incessant, but worse at night, and the burning recurs at intervals now, a year after birth of second child. Her mother was similarly troubled

Any suggestion by yourself or other brethren will be thankfully received.

E. C. ARTHUR, A.M., M. D.

Nelrose, B. C.

Editor MEDICAL WORLD:—Will you, or some of the readers of THE MEDICAL WORLD, give me the best medicinal remedy for the increase and also for the diminution of the lacteal flow in mothers? W. P. JONES, M.D.

Harvey, Tex.

[To increase the flow, hot bulky liquids, teas, milk, etc.; rich diet, nutrient tonics, galega vera, nutro-lactis, saw palmetto, gentle massage or faradization of the breasts.

To diminish the flow, use locally camphor or atropine application, or belladonna locally and internally, iodide of potassium internally; bandage the breasts tightly against the abdominal walls.—ED.]

Editor MEDICAL WORLD:—Please insert the following request in the next issue of THE MEDICAL WORLD:

Wanted: A method by which India ink, such as is used by almost every sailor, can be neutralized, and extracted from the flesh in tattoo marks. If some of the many readers of THE WORLD will kindly reply either privately or through the columns of THE MEDICAL WORLD, it will confer a favor and greatly please your humble servant, DR. D. MCLENNAN.

Honolulu, H. I.

Editor MEDICAL WORLD:—Will some of the readers of THE WORLD give successful treatment for pruritus ani? Electrical treatment, if good and what current. W. N. S.

[We would refer our reader to THE WORLD for Dec. '92 and Jan. '93.—ED.]

Editor MEDICAL WORLD:—Why does not some one tell us what this radical cure for hernia is? This question is vital and has been asked before. Some WORLD brothers please tell, or guess at it. And what is Dixon's painless caustic? If it has been in THE MEDICAL WORLD I have failed to see it.

I want some one to give a specific for hives in a young patient that otherwise is quite well. It cannot be a derangement of the digestive function alone, as my patient eats well and yet gets poor, and worse and worse as the weather gets hotter.

Ness City, Kans. T. HANKINS, M.D.

Editor MEDICAL WORLD:—I have a case of a babe six weeks old, who has sinking spells, from one to six a day. It is hearty, nurses well and is growing. When it has these spells it seems to sink away. Was once laid out for dead. After each spell it will revive, and be as peart as ever. Its heart seems to cease beating—no pulse can be felt at all. Please give me your idea of what it is and a line of treatment. R. R. TIDRICH, M.D.

Bringhurst, Ind.

Current Medical Thought.

A Remedy for Chronic Malaria.

[J. W. Pruitt, M.D., Russellville, Ark., before National Electric Association, reported in *Chicago Med. Times.*]

This paper calls the attention of the profession to the peculiar efficacy of a distilled extract of the husk of the common Indian corn in the treatment of chronic diseases of the malarial origin.

The method of preparation is as follows: Take of the corn husks, after the corn is gathered and well dried, free from stems and mildew, four pounds; water sixteen gallons. This is placed in a suitable still of twenty gallons capacity and ten gallons of the distillate are collected.

This distilled extract is clear and transparent, resembling in odor and taste boiled green corn. In order to preserve it, one ounce of alcohol and half an ounce of glycerine are added to sufficient of the extract to make one pint. The dose of this is from one to two teaspoonfuls every two or three hours.

The doctor has determined by wide investigation that the agent is of no particular value in acute malarial conditions. It is in the chronic form of intermittent fevers that the agent acts specifically. His attention was called to it by a farmer who had used a tea made of the husks, and in the course of his experiments he has not known it to fail in a single case of the chronic form of the disease.

Its effects are almost immediately observed. It controls the temperature, quiets irritability of the stomach, regulates the action of the liver and kidneys and reduces enlarged spleen. It has a mild diuretic effect in many cases, relieving dropsical conditions not dependent upon actual kidney lesion.

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A Cheap Disinfectant.

Nitrate of lead is the cheapest disinfectant known that fulfils its intent. It does not, however, prevent putrefaction. The chloride of lead is much more effective in all directions. It is made by dissolving a small teaspoonful of the nitrate of lead in a pint of boiling water; then dissolving two teaspoonfuls of common salt in eight quarts of water.

When both are thoroughly dissolved mix the solutions. When the sediments have settled you have two gallons of clear fluid, which is a saturated solution of chloride of lead in water. A pound of nitrate of lead will make several barrels of this liquid and cost from eighteen to twenty-five cents retail.—*Annals of Hygiene.*

The Common Sense of Hypnotism.

[On account of the great interest which this subject possesses for progressive physicians, we quote the following, by Lloyd Storr Best, in *The New Review* for March.]

Hypnotism has "given its proofs" as a valuable therapeutic agent, and its phenomena, though generally held inexplicable, not only harmonize with the best teaching of physiological psychology, but are rendered by it *a priori* probable. In considering the primary condition of hypnosis, it will be evident that the "pabulum" of thought is sensation; that without the constant rain of sensorial stimuli intellectual activity must come to an end. As a corollary, it follows that the general mental activity varies in the direct ratio of its external stimulus. Again, we are only conscious of that to which we attend, attention, of course, not being a special faculty, but a mental state—the spontaneous adjustment of the mind to a particular part of its environment, which may become fixed and preclude the possibility of any but the most violent sensorial stimuli unconnected with that one group passing the threshold of consciousness, although these unfelt stimuli may yet result in appropriate actions. Every one may verify this principle from individual experience. Again, if the attention to one idea (or group of ideas) be strained to the point of fatigue, it may pass altogether beyond the control of the will, the whole mind may become filled with that idea, and all sensations unconnected with it pass unperceived—a "cramp" of the attention ensues. This phenomenon has been empirically known from the earliest ages. Thus, also, before the introduction of chloroform, patients would endure the most painful operations without flinching, after powerfully concentrating their thoughts upon some subject. Again, under normal circumstances, our memory of an event varies as to strength directly with the amount of attention allied to the past one—the mental continuity must be unbroken. Now in the case of "cramped" attention, there is unconsciousness of everything but one group of ideas totally disconnected from the moral environment, and that group can be suggested by nothing in that environment. One idea of the group may suggest another of the same group, but that is all.

And now, what is the bearing of these principles upon hypnotic phenomena? Let us treat the hypnosis synthetically, and attempt to develop it in an imaginary patient by the application of laws governing all mental manifestations. First, in order to obtain the minimum of general intellectual activity, we shut off, as far as we can, impulses from the external world. We diminish the extent of consciousness until the attention is ready to leap forward to the operator's words or actions. We thereupon attract our patient's attention, and hold it riveted by the vivid verbal development of a mental picture of sleep. His attention becomes more and more "cramped," introspective criticism changes to intense conviction, as one by one suggested sensations become actual, as his limbs *do* become heavy and numb, his eyelids weary, and his brain drowsy and confused. At this point our patient is entrapped in a vicious circle. His attention passes altogether beyond the power of the will. He can not attend to anything but the operator's words, and is consequently unconscious of anything else.

Why should hypnotism be of use as a therapeutic agent? We know, of course, that it is, for it has achieved great success in the relief of pain and in the treatment of so-called functional neuroses, maladies whose organic concomitant has not yet been discovered, such as neuralgia, corea, writer's cramp, etc., while more courageous practitioners have not hesitated to employ "suggestion" in the case of genuine organic disease, and have obtained results altogether unanticipated; but why?

First, it is plain that by means of hypnotism we can act directly upon morbid mental conditions, being able by reiterated suggestion to create or destroy any fixed idea or habit. The prejudicial idea may be "suggested away," and in its stead one tending healthward be branded indelibly upon a mind rendered impressionable as soft metal by the fierce flame of attention at its hottest. The hypnotist, then, can directly "minister to a mind diseased," and break habits injurious to health. Granted a sufficiently deep hypnosis, the sick man can with certainty be placed in that mental atmosphere most favorable to recovery. Melancholy ideas may be exorcised and pleasant thoughts substituted; hope may by suggestion be instilled, and the

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mind made to dwell with cheerful expectancy upon the symptoms of returning health.

Finally, of what service can hypnotism be in general organic disease? That there is an intimate connection between bodily and mental states has long been known, and now the experiments of scientists conclusively demonstrate that every physical state has its dynamic correlate, attended by objective phenomena, and that every change of mental condition is accompanied by specific vascular modifications. It is well known that steady attention directed to a given part of the body will at length result in some sensation, but only recently has proof been given that such attention is invariably accompanied by a physical change in the part. Now in the case of a hyptonized patient, we can direct the whole of the attention to any part of the body and bind it fast, by creating there, through suggestion, a continuous sensation, of which the inevitable result will be an increased flow of blood through the arteries supplying that part. In the light of these facts it is probable that we should be able to modify morbid processes, arrest structural degeneration, and awaken to more vigorous life the diseased part.

Observations on Some Antiseptic Mixtures and Their Value.

Dr. De Christmas (*Annales de l' Institut Pasteur, p. 874, 1892, and Connaissance Medicales*, Jan. 1893). The author gives the formula of a germicide termed phenosalyl, which combines the advantages of strong disinfecting power with low toxicity when compared with that of its ingredients. The formula is as follows:

℞ Carbolic acid, grms. 9. (grains 135).
Salicylic acid, grms. 1. (grains 15).
Lactic acid, grms. 2. (grains 30).
Menthol grms. 0.10. (grains 1½).
Oil of eucalyptus, grms. 0.50. (grains 7½).

The three acids are liquefied by heat and the other ingredients added. It is easily soluble in glycerine, and water dissolves it in the proportion of 3 per cent. The liquid is syrup, and almost colorless. It is stated that its antiseptic power is much superior to that of carbolic or salicylic acid separately. The staphylococci of suppuration which most strongly resist chemical agents are destroyed in one minute by a 0.75 per cent. solution of phenosalyl. The intravenous injection of the preparation in the ratio of 20 centigrams per kilogram is not injurious to a rabbit, while carbolic acid in the ratio of 6 centigrams to the kilogram is frequently fatal.

The results obtained by Dr. Bonnaire in obstetrical cases, and by Professor Cornil, who submitted to the Academy of Medicine of Paris, a report on Dr. de Christmas' work have been satisfactory. A solution of one per cent. appears to be sufficient for the sterilization of instruments. In the treatment of endometritis a 25 per cent. solution in glycerine proves an excellent caustic, and when the escar is cast the regeneration of the mucous membrane is rapid and is not followed by contraction.—*N. Y. Therapeutic Review.*

Citric Acid as a Microbicide.

M. Girard, chief of the Paris Municipal Laboratory, supports the claim that citric acid acts as a useful and efficient purifier of water, effectually destroying the microbes in solutions of one grain of the acid in one quart of water. In view of this fact he advises, in times of epedemic, the use of lemonade as a beverage or water possessing the same amount of acidity. This certainly is a very simple, reasonably cheap and at the same time pleasant remedy.—*The Formulary.*

For Membranous Croup.

As I have cured many cases of membranous croup, two of which during last winter were very severe, I submit my remedy to the profession. It may not contain anything very new to many of your readers, but it does the work.

℞ Compound syrup squill.....fl. dr. ij
Aromatic spirits ammonia.....fl. dr. j
Powdered ipecac.....grs. viij.
Syrup chloride of iron.....fl. dr. ij.
Simple syrup, q. s. ad.....oz. ij.
M. Sig.—Half to two-thirds teaspoonful every half hour until vomiting ensues. This dose is for a child five years old.

In the absence of the syrup of iron the common tincture of the chloride may be used in less amount. I have always compounded this at the bedside. The proportions are only approximated but will be found about correct.—O. B. Surface, M.D., in *Med. Compend.*

Simple Methods of Testing Drinking Water.

By Dr. E. Lesser, *Analytical Chemist, Pawtucket, R. I.*

The proper examination of drinking water requires not only much time but is also very expensive.

The purpose of the following article is to give physicians directions how to test drinking water in a very short time, without employing expensive apparatus and complicated methods.

The necessary requirements for a good drinking water are:

(a) The water should be clear, colorless, odorless and should have a refreshing taste;

(b) The water should not contain ammonia, nitrous acid, hydrogen sulphide, and albuminoid substances;

(c) The water should be free from salts of any poisonous metal;

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(d) The total amount of organic and inorganic matter (composed of chlorides, sulphates and nitrates), should not be larger than O, five grams per liter; a water containing more than the latter quantity is to be condemned on that account alone.

1. Clearness, Color and Odor.—The first named qualities of a good water may be ascertained in long test tubes standing on a sheet of white paper. When we see from below through the water it should be clear and colorless; for the sake of comparison a test tube filled with distilled water may be placed beside the first one. Very often clear water is rendered turbid after prolonged observation. This is caused either by the presence of micro-organisms or by decomposition of the dissolvable acid carbonates into insoluble normal carbonates, when the water is deprived of carbon dioxide by exposure to air.

A yellow colored water either contains oxides of iron or comes from a marshy soil.

A good drinking water should be completely odorless. To test it in this regard a small quantity mixed with some drops of potassium hydrate is warmed to 40° C. Any present odor will be observed even by not very well educated noses.

2. Ammonia. Five drops of a solution of sodium hydrate and ten drops of sodium carbonate solution are added to 100cc of the water to be tested. Thereupon the clear filtrate is mixed with ten to twenty drops of Nessler's reagent. If any shade of yellow or brown color is produced by this, ammonia is present in the water.

Nessler's reagent may be made in the following manner: thirty-five grams of potassium iodide and thirteen gms. of mercuric chloride are dissolved in 100cc of distilled water by the aid of heat and agitation. A cold saturated solution of mercuric chloride is then added, drop by drop, until the red precipitate which is formed is no longer re-dissolved on agitation; 160 gms. of potassium hydrate are then dissolved in the liquid, to which a slight excess of mercuric chloride solution is finally added and then the bulk of the whole made up to one liter with water. The solution is allowed to stand, decanted and then preserved in well stoppered bottles.

3. Nitrous Acid.—(a) 100cc of the water are mixed with some drops of concentrated sulphuric acid and 10-15 drops of a solution of iodide of zinc-starch. When the water instantly or after a few minutes assumes a blue color, nitrous acid is present.

The iodide of zinc-starch solution may be prepared by mixing four parts of iodide of zinc, one part of starch and 20-30 parts of distilled water. The whole bulk is warmed in a small porcelain dish until a paste is formed;

(b) 100cc of the water are mixed with 1cc of dilute sulphuric acid and 1cc of a solution of metadiamidobenzol (phenyldiamine). Even if very small traces of nitrous acid are in the water it changes into a yellow or reddish yellow color.

For the solution of metadiamidobenzol five gms. of this preparation are dissolved in one liter of water.

4. Hydrogen Sulphide.—(a) This contamination in water may be perceived very often by its odor of rotten eggs;

(b) When a paper moistened with lead acetate solution is held over the boiling water this paper is blackened if hydrogen sulphide is present;

(c) The water is mixed with some drops of sodium hydrate solution and some drops of sodium nitroprussiate solution, when the water assumes a red or red-violet color, hydrogen sulphide is in the water.

5. Albuminoid Substances.—To test for the presence of these substances we use a solution of one part of tannic acid in three parts of water and one part of alcohol. 200cc of the water mixed with 10cc of the above mentioned solution should remain clear at least five to six hours.

6. Poisonous Metals.—One liter of the water is reduced by boiling to 100cc in a porcelain or platinum dish. To the rest acidulated with hydrochloric acid solution ammonium sulphydrate is added. If a dark color is produced the water is contaminated with a poisonous metal, whose nature is then to be determined by appropriate chemical tests.

To test for lead the following methods may be used: The dark precipitate produced by ammonium sulphydrate is filtrated and dissolved in hot concentrated nitric acid; to the liquid diluted with distilled water sulphuric acid is added. A white precipitate of lead sulphate, which is formed, manifests the presence of lead in the water.

7. Chlorides.—The water to be tested is acidulated with nitric acid and mixed with silver nitrate solution. A large flocculent precipitate signifies a large amount of chlorides, a small turbidness (opalescence), only, means that there are such quantities as should always be present in a good water.

8. Sulphates.—To a sample of the water acidulated with hydrochloric or nitric acid some drops of barium chloride solution are added. A large precipitate manifests an excessive amount of sulphates; whereas a small turbidness indi-

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cates only traces of them, which are found even in the best water.

9. Nitrates.—By means of a glass-staff some drops of the water to be tested are brought into a white small porcelain dish, 2-4 drops of brucine (or sulphanilic acid) solution are added and the whole well mixed by moving the dish to and fro. To this, concentrated sulphuric acid is added drop by drop. When a considerable amount of nitrates is present in the water, the first drop of sulphuric acid produces a red color; when this red color does not appear until after the addition of the fifth drop, only traces of nitrates are present.

10. Organic Matter.—(a) Nearly half a liter of the water is evaporated to dryness in a porcelain dish or water-bath, the risidue dried at 110°–120° C., and then heated. When the residue assumes a brown or black color, the presence of organic matter is certain.

(b) To 100cc of the water some drops of dilute potassium permanganate solution are added and the whole acidulated with sulphuric acid. When the water, which at first has a red color, becomes discolored after a short boiling, organic matter is in the water.

After having thus given a short sketch of how a physician can easily and without much expense and loss of time test a drinking water, I intend to explain in another article, how the results obtained by the analysis may be used for determining the purity and wholesomeness of a drinking water.—*R. I. Medical Science Monthly.*

For Constipation and Hemorrhoids.

The following is from a paper by Dr. R. H. Dalton, of St. Louis, on "The Limit of Human Life and How to Live Long," published in the *Jour. Am. Med. Association*:

When troubled with constipation it is usual to resort to purgatives, which afford temporary relief, but usually have a tendency to confirm the disease. Enemata are sometimes used with no better results, for beside being a bungling remedy they have no permanent influence in overcoming the habit. Bread made of unbolted rye or wheat meal is an excellent remedy, but not being in common use few patients can be sure of getting it regularly, especially if engaged in active pursuits as many are. Before the habit is firmly established, eating deserts at dinner every day is apt to afford some relief, and if there is no habit of constipation it may act as a preventive. In early life the writer of this adopted a pill containing rhubarb grs. 2, aloes, gr. 1, jalap gr. 1, ipecac gr. ½, castile soap, gr. ½, sulph. strychnia gr. 1-40, to be taken *every night* as a regular habit, and to be followed *every morning* by a copious draught of cold water. The pill without the water was not strong enough to thoroughly evacuate the bowels at one motion, but *with* the water the effect was invariably produced *without purging.* And since that time, much more than fifty years ago, the habit of taking one of these pills every night and a tumbler of cold water in the morning has seldom been neglected. The pill has no special claim to superiority over others, its only advantage, if any, being attributed to accuracy of combination and dosage, and perhaps, the small amount of strychnia.

Observing the gentle and never-failing action of this pill in relieving constipation, it soon became a standing remedy for hemorrhoids on the theory that constipation is one of the chief causes of that troublesome disease; and now after the experience of a lifetime, not a single case of failure is remembered, nor does it seem probable that it can fail when we take into consideration the physiology of digestion.

The Treatment of Boils by Boric Acid.

L' Union Medcale quotes Alison as having obtained good results in the case of general furunculosis by the administration for eight or ten days of from ten to fifteen grains of boric acid a day, divided into two doses. At the same time, four or five times a day, the inflamed areas were washed with a hot solution of boric acid, in the strength of four per cent. Between the applications of this lotion compresses were applied to the diseased parts, which had been wet with the same solution of boric acid. In this way he claimed to have been able to relieve the boils which had already formed, and to do much towards preventing other outbreaks. By this means he thinks it possible to avoid a surgical intervention.—*Therapeutic Gazette.*

Specific Directions for Using Water in Nervous Diseases.

Anesthetic (cutaneous). Short cold jet and fan douches of strong pressure to the anesthetic areas. Temperature, 50° to 70°. Duration, one minute. Daily.

Angio-paralytic hyperidrosis of the feet. Prolonged cold foot-bath with chafing, or fan douche of cold water to the feet. Temperature, 60°. Duration, twenty minutes for bath, five minutes for douche.

Chorea. Cold plunge beginning at 90°, daily reducing until 70° is reached. If anemic, spinal spray, jet or fan douches, at first warm until patient becomes accustomed to them, then gradually reduced to 60° or 50° (Duval).

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Epilepsy. Cold shower baths and cold sponge baths daily are beneficial. The shower baths should be rain-like in character—that is, not too forcible. In many cases a morning and evening bath (the "half bath") proves very serviceable. The "half bath" is taken in a bath-tub only half filled with water, and when taken should be accompanied by energetic rubbing of the patient by an attendant. This bath lasts five minutes, and the temperature should not be under 50° and not over 70° F. Where there is evidence of hyperemia and increased blood-pressure in the head, the cold is useful.

While these are the general indications for hydro-therapy, certain measures are often of use at the time of seizures. During a fit or during a *status epilepticus* it will be observed that there is one of two vascular conditions present; either the face is pale and there are signs of brain anemia, and in this case wet compresses should be applied to the head and genitals, accompanied by friction of the trunk upward, the body being placed with head low and arms uplifted; or there is turgescence of vessels in the head, the face is red, the carotids beat strongly, and under such conditions a contrary procedure is indicated—cold compresses to the head, neck, and genitals, strong wet beating of the feet, with a high position of the head. Daily applications for thirty seconds.

Headaches, neuralgias, and migraines. If anemic, heating cephalic compresses (wring out thin linen bandages in very cold water; wrap head in capelline manner, and cover with one or two layers of dry linen or flannel). Apply at bedtime. Upon removal, envelop head in dry cloth and rub it dry. If hyperemic, leg bandages (a piece of toweling a yard long is dipped in cold water at one end—one third—thoroughly wrung out, and wrapped closely about each leg, so that the wet surface is next the skin and the dry portion envelops the wet two or three times; or wet stockings may be put on and covered with dry towels). These applied at bedtime and retained through the night. In many headaches, especially of a congestive character, a prolonged cold foot-bath (twenty minutes, 60°) or the fan douche to the feet (five minutes, 60°) is very palliative.

Hysteria. For erethetic type: Wet pack, 60° to 70°, for one hour or more, followed by massage (Putnam Jacobi); or the rain-bath at 75° to 65° for thirty-five seconds daily at twenty pounds pressure (Baruch). For depressed type: Cold affusions while standing in warm water, or hot-air bath, followed by rain-bath for thirty seconds at 85°, daily reducing until 60° is reached, this to be followed by spray douche for five seconds at 65°, or jet douche for three seconds at 65° to 55°. Reduce douche gradually to 50° or less, increasing pressure from two pounds to thirty (Baruch).

Hyperesthesia (cutaneous). Long-continued cold douches to affected area. Daily twenty minutes at 70° to 80°.

Insomnia. Wet pack; see above.

Impotence. Brief cold sitz-baths. Daily, 56° to 64°, one to five minutes. The psychrophore, *i. e.*, application to prostate of cold by a rubber condom or bladder secured over a rectal irrigator *au double courant.*

Incontinence of urine. In paresis of sphincter or detrusor, brief cold sitz-baths; daily, 56° to 64°, one to five minutes. Cold rain-baths (50° to 60°) and douches as general tonics. In spasmus detrusorum vesicæ on the contrary, prolonged lukewarm sitz-baths, daily, thirty to sixty minutes, 70° to 90°.

Locomotor ataxia. Prolonged warm baths, five to twenty minutes, 86° to 95° (Leyden). Hot-air baths to lower extremities, followed by affusions or douches, 60° to 70° (Hoeplein).

Neuralgia of all types, especially tic. Hot-air bath, to perspiration, every other day, followed by gradually lowered douches (Baruch, Duval).

Sciatica. Hot-air bath till patient perspires, followed by cold plunge, or douche gradually lowered to 65°.

Spinal-cord affections. In various chronic diseases of the spinal cord the daily half-bath, 65° to 82°, six to ten minutes' duration, with affusion and chafing, will be found useful. In some cases of compression and injury to the cord, in myelitis, and the like, where there is paralysis of the rectum and bladder and formation of bed-sores or trophic lesions, resort may be had with advantage to the permanent bath (Riess). A sheet fastened in a bath-tub makes a hammock in which the patient lies at first for an hour or so daily, later all the time, except at night, when he is put to bed. The water it kept at a temperature agreeable to the patient (88°).

Spinal irritation. "Douche filiforme" as a rubefacient epispastic along the spinal column; or rain-baths, 65° to 85°, and douches.

Spermatorrhea. Cold sitz-baths, five to twenty minutes, 50° to 70°, daily at bed-time; contra-indicated in sexual irritability and active pollutions, where prolonged warm or hot sitz-baths at 90° to 98° should be used.

Finally, I need scarcely say that if the alienist and neurologist are to make use of hydrotherapy at all, it must be borne in mind that precision of method is absolutely essential. As much care is necessary as in the prescription of drugs; for any violation of the principles or

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neglect of the modes determined by long experiment and experience is certain to be followed by unfortunate results.—Dr. F. Peterson in *Amer. Jour. Med. Sciences.*

Anesthetic Mixture.

Dr. M. M. Latta, of Goshen, Indiana, has used for twenty years a mixture of one drachm nitrite of amyl to a pound of chloroform. He claims for this mixture that it is particularly useful in case of weak heart and that it practically does away with the stage of excitement.—*Chicago Med. Recorder.*

The Indications for Lactic Acid.

Lactic acid is of value in the vomiting due to indigestion in new-born babes, and also in cholera and choleriform diarrhœa. It should be employed in very large doses, from three to four drachms in the twenty-four hours, in the green diarrhœa of children it is necessary, before giving lactic acid, to make an exact diagnosis of the nature of the malady The green stools of infants are either of bilious or microbian organ. It is only in the latter form that lactic acid is beneficial. The green color of the stools, when due to the presence of the green microbes of lesage, persists upon the addition of nitric acid.—*La Revue Medicale. Med. Bulletin.*

Sheppard (J.) on Sulphuric Acid in Cholera.

Dr. Sheppard used acid treatment in twenty-seven cases of English cholera. He succeeded in all but one, and concludes as follows:

1. In these cases sulphuric acid is more efficacious than alkalies, opiates, and astringents, the comparison being in the ratio of ten to one.

2. It is more active (especially in children), greatly exceeding twenty to one.

3. It appears to act in a rational and scientific manner by increasing the tone of the mucous membrane of the alimentary canal rather than by astringing its pores.

4. The worse the case the more rapid and marvellous the cure—a most striking feature as compared with the treatment by chalk and opium.

5. Wherever the cholera gains a foothold, all alkaline and fluids capable of fermentation should be discarded, and lightly acidulated drinks used. Weak aromatic sulphuric acidade, carefully prepared and taken through a glass-tube, would be very pleasant, refreshing, and wholly harmless. Such drinks might be substituted for the soda-fountain by the apothecaries, a glass or two three times a day being a good prophylactic.—*Jour. Amer. Med. Assoc.*, April, 1893.

Diagnosis of Typhoid and of Gastric Fever.

TYPHOID FEVER.	GASTRIC FEVER.
1. It approaches slowly.	1. It approaches, as a rule, rapidly.
2. The temperature does not reach its highest point before the fourth day; never reaches 104° before the fourth day.	2. The temperature does reach its highest point before the fourth and sometimes by the first or second day; often 104° on second day.
3. Has a bronchial cough.	3. Does not have a bronchial cough.
4. Has a great tendency to bleed at the nose.	4. Has very little such tendency.
5. Has tympanites.	5. Does not have tympanites.
6. Has loose stools and diarrhea.	6. Bowels constipated, as a rule.
7. Has rose colored spots on stomach.	7. Never has rose-colored spots on stomach.
8. Has tenderness on pressure and gurgling in the right ileac region.	8. Has not.
9. Tongue characteristic.	9. Has a tongue entirely different from typhoid.
10. Has a duration of fever from three to six weeks; average four weeks.	10. Has a duration from three days to three weeks; average nine days.
11. Does not originate de novo.	11. Does originate de novo.
12. Feebly contagious from person to person, and actively so from contaminated water.	12. Not in the slighest degree contagious.
13. Cannot be arrested or aborted.	13. Can very often be arrested or aborted.
14. Temperature rises gradually from day to day.	14. Temperature, as a rule, rises rapidly and suddenly.
15. Has low muttering delirium as a rule.	15. Does not have low muttering delirium, as a rule.
16. Causes a great destruction of nerve vitality.	16. Does not, as a rule.
17. Has numerous and ofttimes serious sequellæ	17. Has not.
18. Has not chills and rigors in the history of symptoms.	18. Has often chills and rigors at the commencement of disease.—Dr. Transylvania in *Merck's Bulletin.*

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New Treatment For Malaria.

Among the medicaments which play an important part in the treatment of malaria must also be reckoned phenocoll. To the literature which has already accumulated on the therapeutical value of this remedy in inter and remittent fever we have now to add the contribution of v. Dall' Olio. This author regards phenocoll as at least as effective as quinine in the malarial state, and free from the unpleasant effects—ringing in the ears and cutaneous eruptions—to which the older antifebrile gives rise in many instances.

Then, again, phenocoll succeeds in a certain number of cases where quinine absolutely fails, and has further the advantage—especially important in the treatment of children—of being capable of administration in a pleasant form. The slight bitterness of the solution is readily masked by the addition of a little aromatic syrup. The author also points to the fact as telling in favor of phenocoll, that whereas at any time a difficulty might arise in obtaining a supply of quinine equal to the demand, phenocoll is producible in any quantity.—*National Med. Review.*

What Shall We Wear?

Is a question which often confronts us. A recent writer states that if a man will wear a flannel shirt next to his skin for a week, he will find, at the end of the time, that the shirt will be little soiled, and that his skin will be greatly in need of bathing. If he will wear a cotton shirt the next week, he will find, at the end of the time, that the shirt will be soiled but his skin will be clean. Perspiration adheres much better to the skin than to any woolen goods, but much better to linen or cotton goods than to the skin. When you bathe, try a cotton and a flannel towel, and see which best dries the body. A woolen towel is almost worthless for wiping the body, so is a woolen under shirt almost worthless for cleansing the body.

Good canton flannel, made loosely-fitting, is healthful and comfortable underwear, and causes no itching, while tight-fitting woolen goods are neither healthful nor comfortable; are apt to produce itching, and causes the skin to need washing about four times oftener than the former goods do. The better the skin is ventilated, the cleaner it keeps; the less susceptible it is to contagious and other foreign influences, and the more effectually it relieves the system of impurities and waste material. Then, wear loosely-fitting cotton underwear or a mixture of cotton and wool.—*The Med. Review.*

Dosimetry.

I desire to make mention of a few remedies which I have found to be very useful in certain disorders: In cholera morbus and cholera infantum, and in all diarrheal disturbances produced by fermentation, sulpho-carbolate of zinc is the remedy above all others of its class. When pain accompanies the above named diseases, codeine or hyoscyamine will relieve the colic. Sulpho-carbolate of zinc and codeine in ½ grain doses, given every half hour, will soon give relief, or hyoscyamine 1-250 of a grain, every half hour, will be equally effective and without bad after effects. Uterine colic from suppression of menses yielded after the second dose of hyoscyamine 1-250 and macrotin 1-16 grain, given a half hour apart. Lumbago yielded rapidly to veratrine 1-134 grain, colchicine 1-134 and macrotin 1-6 grain, given together every hour. Several cases of pertussis improved rapidly under calcium sulphide and monobromide of camphor, 1-6 of a grain each, given every two hours. Acute cystitis improved rapidly under hyoscyamine 1-250 grain, aconitine 1-134 grain and lithum benzoate ½ grain, given every hour. Hyoscyamine has largely replaced the opiates in my practice. In all cases of spasmodic action of the hollow viscera, hyoscyamine and strychnine will produce relief very rapidly, without any evil after effects, and, usually, before the pupil is dilated.—Schaller, *Lancet-Clinic.*

Soothing Syrup Without Opium.

R. Oil anise ..... m xxv
Alcohol ..... ounces ij
Fl. ext. valerian ..... ounces i
Oil peppermint ..... m xv
Tinc. camphor ..... drams ij
Fl. ext. liquorice ..... ounces i
M. Sig.—Shake the bottle. Dose—One-fourth or one-half teaspoonful in water; repeat as needed.

—*Lancet-Clinic*

Do the Sick Ever Sneeze?

"Do those who are seriously ill ever sneeze?" This is a point alluded to by Mr. Jonathan Hutchinson in the January number of his *Archives.* He does not recollect himself to have seen any but fairly healthy persons sneeze. He puts the question with especial reference to the widely spread popular superstition that sneezing is a sign of health and good luck. It is possible, he thinks, that this may have had its origin in the fact that it is for the most part an act restricted to those in fair health. Tylor, in his "Primitive Culture," gives interesting facts as to the prevalence of this creed as to certain customs associated with it and traces it in part to doctrines of animism, but Mr Hutchinson thinks the suggestion he has given may also have some value—*Sheffield Med. Journal.*

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A "Bed Day" For Tired Ones.

It is told of Phœbe Cary, who was a remarkably sunshiny and loving woman, that whenever she used to feel "out of sorts," she would shut herself up in her room for rest until the serenity of soul was restored. She was wise enough to discern the physiological side of amiability and govern herself accordingly. A mother of two restless children acts upon the same principle by insisting upon an occasional "bed day." She has observed that "crossness" with them is invariably the result of too much activity; that nervous force is expended faster than muscular strength is generated, and tries to restore the balance in the manner suggested.

The children understand that the measure is not a punishment, but enforced solely for sanitary reasons, and are allowed plenty of playthings and quiet games. This mother testifies that the next day her small brood is "bright and chipper as young robins" The experiment for either children or adults is worth trying, especially after the excitement and irregular habits necessarily connected with a holiday season.—*Florida Health Notes.*

Administering Chloroform During Sleep.

From the *National Medical Review.*

I am prompted to send you notes of a case in which I gave the well-known A. C. E. mixture, during sleep, for the purpose of producing anesthesia preparatory to amputation of the tongue. The operation in the case referred to was described by the operator, Dr. Hamilton E. Leach, in the November issue of the *Review.* The patient, a boy of thirteen years, was to be operated on during the earlier part of the afternoon, and feeling slightly indisposed, he had lain down on his bed and had fallen asleep. It had been decided to anesthetize him in the ward and carry him from there to the operating room. When I entered the ward I found the little fellow asleep and decided to try to give the anesthetic without awakening him. In this I was successful. He took the anesthetic quietly and without struggling, having no appreciation of what was occuring between the time of his falling asleep and of waking after the operation. O. A. M. McKIMMIE, M.D.

1333 N. St., Washington, D. C.

MY DEAR EDITOR —I still hold fast to my first impression as regards the visiting list and ledger. They are worth to me at least $500 a month. *None as good.* THE MEDICAL WORLD is still at the head for general information on the practice of medicine.

A. F. PATTER, M.D.

94 West Springfield St., Boston, Mass.

The True Cause of Cancer.

O'Sullivan concludes:

1. That whatever produces chronic ill health depresses the nervous system, and is clinically found to constitute an influence strongly predisposing to cancerous developments generally.

2. That local agencies exert only a minor influence in their direct genesis.

3. That while rapidly increasing in prevalence in civilized nations, they are almost absent amongst the savage.

4. That malignant disease is, in very many instances, primarily local and due to disordered functions, as proved by the fact (known to all surgeons) that the disease when promptly removed may never recur.

5. That benign ulcerations may become malignant, when it may be assumed the phagocytic action of the leucocytes has become subjugated by the micro-organism.

6. That disease of any kind, whether malignant or inflammatory, never occurs in an individual whose functions and nervous system are in perfect health, and who has, as a consequence, perfect local and general resistance to all pathogenic micro-organisms—in whom phagocytosis is healthily and perfectly accomplished. (And here I may be allowed to say that Mr. Jonathan Hutchinson insisted that cancer is simply a modification of what occurs in chronic inflammation.)

7. That when, from continued irritation, depressing influences, or advancing age, the physiological character and vitality of the animal cells become lowered, cancer finds all the conditions necessary for its growth.

8. That, in a word, cancerous disease is but one of the many proofs of over-pressure on the nervous system, which the artificial and vicious conditions of modern civilization involve—*The Epitome of Medicine,* February, 1893.

Vineberg (H. N.) on Two Years' Experience with Pelvic Massage in Gynecological Cases.

After two years experience with this method of treatment, the author feels justified in drawing the following conclusions:

I. Pelvic massage is a most valuable therapeutic measure in a large percentage of gynecological affections.

2. If properly applied, in the cases where it is indicated, it is a thoroughly safe procedure.

3. Celiotomy and ventro-fixation for displacements of the uterus and for residue of inflammatory processes are unjustifiable until the case has first been subjected to a thorough trial with pelvic massage.

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4. It must entirely replace Schultze's method, which is a dangerous procedure, limited in its application, and is not nearly as efficient in breaking up adhesions of long standing.

5. Of all methods and surgical procedures for the treatment of adherent and displaced pelvic organs it must rank as the *ideal* one, calling for no mutilation and for no fixation of organs. The latter is in itself pathological, as Nature has given these organs, especially the uterus, a wide range of mobility.—*Am. Jour. Obstet.*

True Action of Damiano.

The therapeutics of *damiana* seems to have progressed from the merely empirical stage to a point where it can be prescribed with something like scientific accuracy. Though slower in action, it is analogous to strychnia in effect, cases of poisoning by damiana exhibiting like tetanic convulsions, which are amenable to the same treatment as avails in cases of strychnia poisoning. The active principal of damiana, when given in therapeutic doses, seems to effect chiefly the spinal and medullary centres, not so much as a stimulent to their functional activity as by promoting the nutrition of the exhausted ganglion cells—inducing the tired and irritable cells to assimilate the nutriment offered them. For this reason, though slower in action, it is more tonic than strychnia. On the bowels, it acts to promote increased peristalsis, causing one or two mushy stools per day, and it is an effective remedy in the *habitual constipation* of neurotic subjects, especially those who are victims of sexual perversion. Increased diuresis follows its use, and many cases of irritable bladder and urethra are very greatly benefited by it. On the heart, also, it acts as a tonic sedative equal in some cases of functional disturbance to cactus grandiflorus. From the above resume, it is plain why damiana has proven so efficacious in cases of nerve-exhaustion resulting from sexual excesses, and why, far fron being a direct stimulant of erotic desires, it has been found to act as a sedative to abnormal sexual appetite. In short, it is not a "specific" but its so called specific action is but the result of its general tonic effect,—*Canadian Practitioner.*

A New Harmless Hair Dye.

The *Pharmaceutische Zeitung* gives the following:

Paraphenyldiamin,,	20 parts.
Caustic soda	14 parts,
Water	1,000 parts.

Mix. and make a solution.

This is said to make a dye that is harmless not only to the hair but to the skin. The directions are: Apply to the hair after thoroughly cleansing the same of all fatty matter by means of an alkaline wash. The dye is fixed by the following wash:

Hydrogen peroxide	3 parts.
Water	100 parts

The hair darkens gradually during twelve to twenty-four hours. If desired, an intense blue black may be obtained by a further application of the dye, Where a brown color is desired, use a 5 per cent solution of iron hydroxide, instead of the peroxide of hydrogen, as a fixer.—*National Druggist.*

Dipsomania.

Dr. Kitto writes to *Merck's Bulletin* that he has used the following formula in several hundred cases, and that it positively destroys the desire for alcohol:

Ichthyol	drams ii
Sulphate of hydrastine	drams ss
Resorcin	drams ii
Watery solution of calumba	ounce iii
Tincture of nux vomica	drams iii
Solution of the acetate of ammonia (*recent*)	ounces. vi

Two teaspoonfuls every three or four hours while awake, during a period of two or three weeks.

For Anemia.

In several cases of malarial intoxication of long duration, in which anemia has been marked, and in which after cessation of acute symptoms a course of arsenic has failed to bring about marked improvement, rapid return of corpuscle and hemoglobin to an approximately normal standard has followed the administration of a solution prepared as follows:

Take: Tincture of ferric chloride 2 fluid drachms.
Diluted phosporic acid 3 fluid drachms.
Glycerin 6 fluid drachms.
Solution of hydrogen dioxide (Oakland C. C,) enough to make 3 fluid ounces.

Two teaspoonfuls in 3 ounces of water before meals thrice daily.

This is slightly modified from a formula of B. W. Richardson's. It will be practically stable for the few days during which the 3 ounce mixture lasts. It is useful in chlorosis and anemias generally.—*Dr. S. Solis-Cohen in The Polyclinic.*

For Flatulence and Nervous Dyspepsia;

R.	Extract of nux vomica	gr. ij
	Muriath of hydrastine	gr. xx
	Pulvi asafetida	gr. xxx
	Ext. taraxicum	q. s

Mix and dispense in thirty capsules.
Sig.—Take one at each meal.—*The Medical Gleaner.*

For Consumption.

Dr. E. F. Walls, of Chicago, in the *Jour. Am. Med. Association*, recommends the following:

R.	Calcium sulphide	gr. xxx
	Strychnine sulphate	gr j
	Arsenious acid	gr. jss

Mix and divide into 60 capsules. Take one or two capsules thrice daily.

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To Cut Short Whooping-Cough in Twenty-Four Hours.

The Illustrated Medical Journal says that Dr. Moncorro treats pertussis with a 10 per cent. solution of resorcin, by applying the solution every two hours to the periglotteal region with a throat brush. The application is made four or five times at each seance. The theory of the treatment is that the disease is due to a micro-organism and affects primarily the larynx. Cultures of the micro-organisms have been destroyed by the smallest amount of resorcin.—*Texas Sanitarian* (*Medical Fortnightly*, March 15, 1893).

Antiseptics and Virility.

According to Dr. Vanden Corput, of Brussels, the long continued internal administration of antiseptics (menthol, carbolic acid, and especially salicylic acid) has a tendency to diminish the virile power of both sexes. The writer believes that these antiseptics act upon the pigmented elements of the blood, and upon the seminal cells, in the same way as upon the lower organisms. Under the microscope, the spermatozoa show loss of motion, just like the leucocytes, which loose their ameboid motions, and can not effect their migrations. In the female the antiseptics mentioned prolong the menstrual period.—*New Remedies.*

The Treatment of Whooping-Cough.

But very little can be said upon the subject of treatment of whooping cough. There is scarcely a disease in which a greater variety of remedies have been tried, and it is safe to say that but few, from Meigs and Peppers alum and belladonna mixture to the *Helianthus anivous semen* (*Oscar Wilde sunflower*) remedy, not excluding bromoform, have proved in any degree effectual in both stages of this affliction of childhood. The following combination of remedies formulated by myself and thoroughly tested in an extensive practice of fifteen years, proved to be a remedy of utility for uncomplicated cases, having been attracted to the use of skull-cap by its well-known nervine and antispasmodic properties; test it and you will not push it down as "Cachexia Scribendi," for whooping-cough will become a disease to smile at, not to be afraid of:

R. Fld. ext. scutillaria .....dr. ij to dr. iv
Ammonii muriatis (squibbs).....dr. iss
Cinchonæ rubræ pulvis.....dr. iss
Mel despumatium.....gr. i
Spir. ammonii aro.....dr. i
Spir. frumenti opt.....dr. iß
Aquæ.....qs. to f gr. iv

Sig.—Give from 50 drops to one or two teaspoonfuls three or four times a day according to the age.—*Dr. R. L. Patterson, in the Chicago Med. Bulletin*

Case of Puerperal Septicemia; Recovery Under Carbolic Acid Treatment.

[We regard the following case published by Dr. George Fourquemin, in the *Hospital Gazette*, as so very important as to merit republication in full. Hitherto the most successful medical treatment in such cases has been free saline purgation.]

I have quite recently had a case of puerperal septicemia which, from the first, I could only regard as hopeless, but which, nevertheless, I successfully treated by the administration of carbolic acid.

On the 21st of last month I was called to a Mrs. McC——; she had been confined the Saturday previous, by a "handy woman" who, some days prior, as I happened to know, had attended a patient suffering from puerperal septicemia. Mrs. McC., on the occasion of my first visit, presented a haggard, anxious expression. There was rigor, skin hot and dry, great thirst, tongue furred and dry, temperature 103.6. Pulse feeble, 130. Lochia fœtid. I prescribed two grain doses of carbolic acid every two hours. I visited the patient night and morning, and without giving the minor details and treatment, it will suffice to say that on the fourth day I found the patient screaming and yelling, struggling violently, and throwing her arms about in delirium. The temperature was now 106.8. and the pulse imperceptible. I gave ½ grain of morphia subcutaneously repeated in quarter of an hour, and double this quantity in half an hour. Slowly she quieted down, and in two hours she fell asleep for one hour. She was able to recognize all around her, singing, crying, laughing and breaking into fits of violent temper, in turns. Perspiring freely, no tympanitis. Evening temperature 106.; pulse imperceptible. Bowels moved twice. She lies on her back with knees drawn up; rapid breathing, slight tenderness over abdomen. Complains of headache and dryness of throat.

On 25th.—Temperature 106.1; pulse imperceptible. Low muttering delirium, cold clammy perspiration, rapid breathing. Evening temperature 106.4; pulse imperceptible. Bowels moved thrice. Slept one hour.

On 26th.—Temperature 104; pulse 138. Less delirium. Breathing less rapid. Bowels moved; urine normal in color. Evening temperature 105; pulse 148. Slept one hour. Skin and tongue as before. Bowels moved.

On 27th.—105.4; pulse 150. Low muttering delirium. Evening, 105; pulse 144. Bowels moved

On 28th.—Temperature 104.6; pulse 138. Still delirous. Evening, 105; pulse, 144.

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March 1st.—Morning temperature 103; pulse 120. Perspiring freely. Evening temperature 103 4; pulse 120. Less delirous.

March 2nd.—Morning temperature 100; pulse 116. Evening temperature 102; pulse 120. The next day the delirium bad disappeared, but in the evening she complained of cough, dryness and pain in throat.

On the 4th the temperature became normal.

On the 21st when I first saw the patient I prescribed two grain doses of acid carbolic every two hours, and on the 24th, when the temperature went to 106, the dose was doubled. On the 25th the double dose was repeated every hour. As I have said, I regarded the case as hopeless from the first, and did not order injections, for, with a temperature at 106°, it appeared useless; indeed, a fatal issue seemed imminent in a few days. All through the urine was normal in appearance, and the motions were not darkened in color. There was no rupture of the perineum, so that it is highly probable that infection was carried from without. I cannot see that the recovery was due to anything else than the carbolic acid, and considering that the uterus or vagina were never once washed out; I think it speaks highly for the remedy and that it is well worth a trial in similar cases.

The Influence of Some of the New Analgesics in Increasing the Susceptibility to Cold.

While it is true that antipyrine, acetanilide, and similar compounds were first introduced into medicine for the purpose of reducing fever temperature, it has never been generally recognized by experimental or practical therapeutists that they are capable of reducing the normal bodily temperature to any extent, and for this reason many physicians have administered these remedies, since they have been employed so largely for the relief of pain, with little regard to the question of exposure of the patient to cold. We believe that it is important that this influence of these analgesics should be more widely recognized.

While it is true that they do not reduce normal bodily temperature, it must be remembered that both scientific and practical research has proved them capable of decreasing the production of animal heat, and we can, therefore, readily understand that their administration to a person who is about to be exposed to cold might readily result in his suffering from what we ordinarily call a "cold," by reason of the fact that his heat centers fail, under the influence of the drug, to manufacture the increased amount of heat required by the body, owing to the exposure. For this reason careful questioning will nearly always develop the fact that the patients exposed to cold after taking these drugs suffer from a considerable degree of chilliness, and, if they catch "cold" readily, develop more or less severe congestion of localized areas, which may pass away in a few hours, or develop into acute attacks of coryza, laryngitis, bronchitis, or even pneumonia.

It is probable, too, that these drugs not only cause the patient to take cold by reason of their influence over the nervous mechanism governing the production of heat in our bodies, but also that their influence over the vaso-motor system aids in producing this result. Not that the drugs necessarily produce vaso-motor depression, but rather that in their action they render the vaso-motor system less active in adjusting itself to the circumstances with which it is surrounded. Thus the function of the normal vascular system, when the exterior of the individual is exposed to cold, is to cause peripheral vaso-motor contraction, with resulting internal congestion. This prevents the patient from becoming chilled, and allows the blood to remain in the warm, well-protected portions of the body. If this does not take place, the blood in the peripheral capillaries becomes chilled, and general chilling of the surface occurs, so that the actual amount of heat in the body is decreased with more or less disastrous results. As we have said before, we believe that the employment of these anti-pyretic and analgesic drugs for the relief of various forms of pain markedly increases the susceptibility of patients who may be exposed to cold.—*Therapeutic Gazette.*

A Good Home-Made Vaporizer.

Hot vapor inhalations are very soothing and beneficial. A proper instrument is an air-tight bottle or can, through the cork or lid of which extend two tubes of a quarter of an inch calibre; one should extend just through the stopper, the second to the bottom of the vessel. For use, the apparatus is half filled with boiling water, a teaspoonful of the benzoin tincture added, and the cork tightly placed. The short tube, which should be bent into a convenient curve, is then taken between the lips, and the patient inspires deeply, the outer air bubbling through the whole mass of fluid and reaching the throat thoroughly charged with the medicament. Used with reasonable care, there is no danger of scalding the mouth, and the apparatus is simple enough to be employed by the most ignorant. It may be used several times a day, and is in almost all cases most grateful to the patient and most valuable in reducing tracheal congestion and shortening the course of the disease. Compound tincture of benzoin is the most useful drug at our command for this pur-

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pose, to which may be added menthol, creosote, eucalyptol, or trebene, the first named being purely sedative, the others more or less stimulating in character.—Dr. Ralph W. Seiss, *in the Phila. Polyclinic.*

Period of Infectiousness of Contagious Diseases.

Small-Pox.—Six weeks from the commencement of the disease if every scab has fallen off.

Chicken-Pox.—Three weeks from the commencement of the disease, if every scab has fallen off.

Scarlet Fever.—Six weeks from the commencement of the disease, if the peeling has ceased and there is no sore nose.

Diphtheria.—Six weeks from the commencement of the disease, if sore throat and other signs of the disease have disappeared.

Measles.—Three weeks from the commencement of the disease, if all rash and the cough have ceased.

Mumps.—Three weeks from the commencement of the disease, if all swelling has subsided.

Typhus.—Four weeks from the commencement of the disease, if strength is re-established.

Typhoid.—Six weeks from the commencement of the disease, if strength is re-established.

Whooping Cough.—Six weeks from the commencement of the disease, if all cough has ceased.

Under judicious treatment the period of infectiousness may be considerably shortened, but *no child suffering as above should be admitted to any school after a shorter period of absence, and should be provided with a medical certificate,* that he or she is not liable to communicate the disease.

LENGTH OF QUARANTINE.—Teachers or children *who have been exposed* to infection from any of the following diseases may safely be re-admitted to the school, if they remain in good health (and have taken proper means for disinfection) after the following periods of quarantine:

Diphtheria, 12 days; scarlet fever, 14 days; small-pox, 18 days; measles, 18 days; chicken-pox, 18 days; mumps, 24 days; whooping cough, 21 days.

Adults may be re-admitted immediately, if they disinfect their clothes and persons.—*Regulations, State Board of Health of Pennsylvania.*

WORLD BINDER, only 35 cents, or 3 for $1. Every subscriber should have one.

A New Method of Resuscitation in Chloroform Narcosis.

The *Zeitschtift fuer Geburt, und Gynakol* gives a synopsis of a report made by Winter to the Obstetrical and Gynecological Society in Berlin, of the method recently employed in Konig's clinic at Gottingen for restoration in cases of apparently fatal chloroform narcosis. Maass, an assistant of Konig, treated a severe case successfully by it. The patient had been worked over for an hour without any result; respiration and pulse had entirely ceased, but by rapid, rhythmical compressions (about one hundred and twenty per minute) of the cardiac regions, the heart's action gradualy increased, and the patient recovered. A second case responded in a similar manner. Maass ascribes the effect of the cardiac compressions to driving the blood into the larger arteries, as, with each compression he could detect a synchronous weak pulse in the carotids. Winter reports another case, in which he tried the method. The patient became asphyxiated before the operation, and respiration ceased but was restored by artificial respiration. She breathed regularly, and the color of the face was normal, but the heart ceased absolutely, no pulse could be felt or heart-sounds heard, the respiration became slower, and superficial and slight cyanosis appeared. At this stage, Winter employed Maass's compressions rapidly and energetically about twenty to twenty-five times, when the pulse gradually improved, respiration commenced, and the asphyxia disappeared. He believes it a valuable method of restoring asphyxiated children after birth. Olshausen and other members of the society, expressed themselves in favor of this method.—*Amer. Surg. and Gynecol.*

Class-Room Notes.

[From the COLLEGE AND CLINICAL RECORD.]

Prof. Hare says children proportionately bear arsenic better than adults.

Prof. Wilson says that the first thing to be done in the treatment of enteric fever is to give a laxative.

As a counter-irritant in cases of catarrhal pneumonia Prof. Graham advises painting over the solidified spots of the lungs with the tincture of iodine.

Prof. Keen says that internal hemorrhoids should never be cut. They should be removed either by the cautery or strangulated by the ligature.

Hospital gangrene, says Prof. Keen, is becoming exceedingly rare, due, he claims, to the

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introduction of antiseptics into surgery. In his large experience he has not seen a single case in the last twelve years.

Prof. Hare says that an ordinary cup of coffee contains from twenty to thirty minims of the oil of caffeine.

Gelsemium, Dr. Eschner thinks, is the best remedy in cases of *Neuralgia of the Fifth Nerve* or one of its branches.

In cases of *Synovitis*, Dr. Eschner advises the application of the tincture of iodine as a counter-irritant, and the rubbing in well of mercurial ointment.

Prof. Longstreth obtains good results in cases of *Efferent Articular Rheumatism* by applying poultices to the extremity in which the disease manifests itself.

For a case of *Chronic Jaundice*, Prof Wilson ordered the following treatment: Good, easily digested diet, and five grains of inspissated ox gall three times a day.

Prof. Hare says that dermatol, a preparation of bismuth, which has lately been introduced in medicine, is giving good results in cases of *Eczema* in which there is a slight exudate.

Prof. Parvin highly recommends a creolin solution in the stength of one-third to one-half a teaspoonful to the quart of water as an antiseptic wash in cases of *Inflammation of the Uterus*.

Prof. Hare says that by rubbing a patient suffering from *Scarlet Fever* and having a high temperature all over with some fatty substance we will frequently get a fall of the temperature.

Prof. Keen says that in some few cases the bacteria of *Erysipelas* injected in a cancerous tumor have at first produced erysipelas in the patient, but later on have effected a cure of the tumor.

Masturbation, according to Prof. Parvin, is of rare occurrence in the female sex, the percentage being only about three-tenths of one per cent., whilst among the male sex it is about three per cent.

Prof. Keen prefers not administering any stimulants in the earlier stages of *Erysipelas*: but thinks that they should be administered in the later stages, if the patient's condition calls for them.

The following constitutional treatment is recommended by Prof. Keen in cases of *Septicæmia Pyæmia* and *Puerperal Fever:* Good easily digested food, and alcoholic liquor in as large a quantity as the patient will be able to bear without becoming intoxicated.

Prof. Keen recommends, in cases of *Tubercular Peritonitis*, that the abcess be opened up and drained; but in order to get good results let the drainage-tube stay in for some time—three to four weeks.

Prof. Parvin says that antipyrine will be found very useful for the relief of pain in *Dysmenorrhœa*; and, moreover, it is free from the many objections that are raised against opium for the relief of pain.

If the stockings are soaked in a saturated solution of boric acid and allowed to dry, and be then worn, Prof. Hare says that cases of *Sweating of the Feet* will often be cured, and in most cases, if not cured, the odor arising from the sweating feet will dissapear.

Dr. Albert Brubaker says that *Spasmodic Croup* in children, coming on suddenly at night, is often due to impaired digestion brought on by eating some heavy food just before retiring. If the stomach in these cases be emptied by an emetic, it will be found that the croup will also disappear.

Prof. Hare recommends the following treatment in cases of *Urinary Incontinence*, in which the patient has not lately suffered from an attack of scarlet fever, and in which some other predisposing cau e is not known. First administer large doses of the citrate of potassium, in order to cause the urine to become alkaline, and if there are no deposits then administer belladonna.

Prof. Hare recommends the following prescription in cases of infantile cholera:

R. Acid. sulphuric, aromat.....gtt. xxiv.
Tinct. opii camphoratæ.....f dram j.
Olei caryophylli.....mvij.
Spirit. chloroform.....gtt. xlviij.
Syrup. zingiberis.....q. s. ad f ounce ij.
M. Ft. solutio.
Sig.—Teaspoonful every two hours.

Prof. Keen recommends the following treatment as one of the best in cases of ingrown toenail: Below the fungus surrounding the ingrown part of the nail inject a little cocaine under the nail, then shave off the fungus granulations and place a little cotton under the nail.

In a case of catarrhal pneumonia in a child of six years of age Prof. Graham prescribed the following:

R. Ammonii chloridi.....darm ij.
Syrup. senegæ.....f dram ij.
Syrup. tolu.....q. s. ad. f ounce ij.
M. Sig.—Teaspoonful every four hours

Prof. Hare recommends the following prescription as being useful in aborting an attack of asthma:

R. Morphinæ sulph.....gr. ¼.
Atropinæ.....gr. 1-100 1-50.
M. Sig.—To be injected hypodermically as soon as an attack is perceived to be coming on.

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A prescription given by Prof. Bartholow, and very highly recommended by Prof. Wilson, as being useful in cases of enteric fever and which it is claimed, reduces the severity of the disease is the following, to be administered from the onset of the disease and throughout its course:

R. Tinct. iodinii.....gtt. ij
Acid. carbolici.....gtt. j
M. Sig.—To be given in a wineglassful of water every two or three hours.

In cases of phantom tumors, due to irregular contractions of the rectus muscle of the abdomen Prof. Da Costa advised the following treatment: Keep the bowels open; apply a bandage around the abdomen, and endeavor to divert patient's attention from it.

Prof. Hare recommends the following prescription in cases of gonorrhea:—

R. Salol.....dram j-ij
Oleoresin. cubebæ.....dram j
Balsam copaibæ.....dram j
Pepsin.....grain xij
M. Fiant capsulæ xii
Sig.—One six times a day.

In spreading gangrene (traumatic gangrene) Prof. Keen says: Never should the surgeon wait for the line of demarcation to form. On the contrary, he should operate and as far away from the diseased part as possible, as soon as he has diagnosticated the case. Otherwise it will be too late to operate, and the patient will perish.

Prof. Longstreth contends that up to the present time no solution has been given to the question, *When is a body dead?* All solutions thus far presented have been found to fail in some case. In Paris a prize is offered to the first one who shall solve this question correctly. Though it has been offered some time, it has not, up to date, been taken.

Prof. Parvin says that he knows of no prescription that will give better results in cases of amenorrhea, due to anæmia, than the following:

R. Terebinthinæ
Aloes pulv.
Ferri sulph. exsiccat.....aa grains vj-xij
M. Fiant pil. xij
Sig.—One three times a day.

Prof. Hare recommends the following prescription in cases of incontinence of urine, in a patient who has lately recovered from an attack of scarlet fever:

R. Acid arseninos.....grain ¼
Nucis vomicæ.....grain ½
Quininæ sulph.....grains x
M. Fiant pil. x
Sig.—One to be taken three times a day.

Dr. Albert Brubaker recommends the following prescription in cases where cerumen has collected in the external ear. It is often the cause of impaired hearing, and in not a few cases almost total deafness has been experienced on account of its presence.

R. Potassii carbonatis.....grains xxx
Glycerini.....drams ij
Aquæ destillat.....fl. drams iv
M. Sig.—To be injected into the ear.

The action of this prescription will be to dissolve the cerumen, when it will run out.

Prof. Keen gives the following method for preventing bed-sores: Change the position of the patient as often as convenient or possible. Harden the skin by the use of either alcohol and alum, or by soap plasters. Also use the rubber air cushions. After bed-sores have appeared, he recommends the following treatment: First apply a cold flaxseed meal poultice, containing small pieces of ice mixed with it, for the space of fifteen minutes. Then apply a hot poultice for a few hours, and thus change them about.

Prof. Graham recommends creosote, both internally and externally, in cases of phthisis in children. His mode of treatment is as follows: Internally he administers it in milk, beginning with one drop three times a day, and increasing according to the manner in which the patient bears it. Externally he uses it as an inhalation in the following way:

R. Creasoti.....ounces ss.
Alcohol.....f ounces j.
Chloroform.....f ounces ss.
M. Sig.—Twenty to thirty drops to be put in an inhaler, and inhaled at first once, then twice, and finally three times a day.

Prof. Wilson recommends the following treatment for hemorrhage in enteric fever: Reduce amount of food; apply ice to the stomach; lower the head and raise the feet. Give opium either internally or by the rectum; and, in a case of profuse bleeding, ergot is to be given in combination with the opium.

Prof. Hare says that excessive salivation, or ptyalism, either due to mercurials or otherwise, will often be benefited by the administration of belladonna. Should this not give good results, then, pilocarpine will generally be found to check the flow.

Formulas.

MALARIA—Prof. Samuel Wolfe (*Med. Bulletin*).

R. Resorcin.....dram iij
Tr. eucalypti.....ounce j
Syr. limonis.....ounces ij
Aquæ.....ounce j
M. Ft. solut. Sig.—Teaspoonful three times a day.

FRECKLES.

R. Hydrarg. chlor. corr.....gr. viiss
Camphoræ.....gr. ix
Alcohol.....f drams ij
Liq. plumb. subacet.....f drams ss
Zinci. sulphat.....gr. xxxviij
Vitelli ovi.....no. j
Aq. destill.....f ounces viij
M. Ft. sol.

—*La Med Moderne.*

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Bromidism.

Bromidism may be prevented, Fere claims, by an intestinal antiseptic being combined with the bromide salt, as in the following:

℞ Potassii bromidi.....dram ss
Beta naphthol.....scruple j
Sodii salicylat.....scruple ss
For one dose.

This is considered curative as well as preventive. —*N. Y. Med. Record.*

Three Freckle Preparations. (*From The Formulary*).

Freckle Cream:

Quince seed.....½ ounce, av
Chloride of ammonium.....½ ounce, av
Cologn or bulk perfume.....1 fl. ounce
Hot water sufficient to make.....1 pint

Crush the quince seed and macerate with the hot water for one hour stirring frequently, then strain through muslin, without pressure, and add the chloride of ammonium in fine powder. When dissolved add the solution to the cologne or bulk perfume slowly, shaking them well together.

This is an excellent application for the skin, and will remove freckles if applied regularly for a few days. It is also a good application for sunburn, tan, etc.—*B. Fenner.*

Freckle Milk:

Camphor, (spirit. of?).....1¾ ounces
Ammonium chloride.....¾ ounce
Corrosive sublimate.....150 grains
Albumen.....3½ ounces
Rose Water.....2 pounds
Use with care.

—*Askinson.*

Freckle Ointment:

Oleate of copper.....1 ounce
Petrolatum.....16 ounces
Mix them, and apply twice a day.

Pulmonary Phthisis.

Eucalyptol (Sander & Son).....20 parts
Creosote.....8 parts
Alcohol 90%.....72 parts
One to two teaspoonfuls in a pint of water. Use as inhalation

Cram's Fluid Lighting. The following is said to be the original formula:

Oil mustard.....2 fl drachms
Oil cajeput.....2 fl drachms
Oil cloves.....2 fl drachms
Sassafras.....2 fl drachms
Ether.....1 fl ounce
Tinct. opium.....1½ fl ounce
Alcohol.....10 fl ounces
Mix and filter.

—*The Formulary.*

Improved antiseptic powder, which combines, in what may be called scientific proportions, some of the best antiseptic dusting powders, while the smell has been effectually masked. The formula is in every 100 parts.

Acid boracic acid.....70
Iodoform.....25
Acid salicylic.....4
Ol. eucalypti.....1

The relative antiseptic value of these constituents is something like this:

Iodoform.....10
Salicylic.....4
Boracic acid.....5
Eucalyptus.....6

So that, while we have a powder of much less antiseptic value than idoform itself, we have a mild, non-irritating powder, which tested side by side with iodoform, has given most satisfactory results after an extended trial in the surgical wards of this hospital and which is likely to be adopted in place of the more expensive article to a large extent.—*British and Colonial Druggist.*

Ganglion.—Dr. Geo. F. Dunham says that this tumor may occasionally be removed by the internal and external use of benzoic acid—internally 2 to 5 drops three times a day of a dilution of benzoic acid; externally use:—

℞ Benzoic acid.....gr. iij
Glycerin cerate.....ounce j

To be well rubbed in morning and evening; or use the following:

℞ Biniod. merc.....gr. j
Adipis preparatæ.....dram j
M. Sig.—Apply morning and evening.

—*Med. Sum.*

Impotence.—Professor Glenn, of the University of Tennessee, often prescribes:

℞ Chloride of gold and sodium.....gr. iij
Sulph. strych.....gr. j
Phosphate zinc.....gr. iij
Ext. damiana.....dram j
M. And put into 30 capsules. Sig.—One three times a day.

—*Southern Practitioner.*

For Irritable Heart.

Dr. J. Hobart Egbert states that a young girl whose irritable heart did not improve under digitalis and beladonna, improved rapidly under the following:

℞ Chloralamid.....dram iv
Tinct. belladonnæ.....dram ij
Elixir simplic.....q. s. ad ounce iv
M. Sig.—Teaspoonful three times daily, between meals and at bed-time.

And

℞ Ferri et quiniæ citrat.....dram iv
Tinct. nucis vomic.....dram iij
Syr. simplic.....q. s. ad ounce vj
M. Sig.—Teaspoonful after meals.

—*Notes on New Remedies.*

For Pruritus Ani:—An ointment containing

℞ Creosote or carbolic acid.....1 dram
Lard.....2 ounces
Camphor.....1 dram
Applied topically, is a safe and often effectual remedy for the relief of pruritus ani.

—*Whitla.*

Fibroid Phthisis.

℞ Iodide of potasium.....dram v
Syrup of tolu.....ounce ij
Glycerine.....ounce ij
Syrup of ipecac.....ounce i
Fl. ext. of veratrum vir.....dram i
Sulph. Morphine.....gr. iij
M. Sig.—A teaspoonful three or four times daily.

—*Dr. A. B. Palmer.*

Meningitis.

℞ Potassii iodide.....dram ijss
Tr. digitalis.....dram iv
Tr. hyoscyami.....dram iv
Aquæ menthæ.....ounce iij
M. Sig.—A teaspoonful every two or three hours, in a little sweetened water.

—*Dr. N. S. Davis.*

Chronic Gout.—(*Dr. A. B. Garrod*)

℞ Ext. colchici acet.....gr. vi
Ext. rhei.....gr. vi
Ext. aloes socot.....gr. vi
Ext. beladonnæ.....gr. i
M.—Et. ft. pil. No. VI.
Sig.—Take one at night twice a week.

For Obstinate Diarrhea.

℞ Argenti nitratis.....gr. ¼ ad ½
Aqua destil.....oz. j
Pulv. acaciæ.....scruple j
Sacchari albi.....dr. ij
M. Sig.—A teaspoonful or two every two hours.

—*Dr. Constatt.*

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DIARRHEA OF TYPHOID FEVER.

R. Argent. nit.....gr. iij
Pulv. opii.....
Pulv. ipecac.....aa. gr. vj
M. Divide in pil No xij.
Sig.—One every four to six hours.

—*Prof. Bartholow.*

SEDATIVE AND STIMULENT.

R. Chloroform.....ounces ss
Spts. turpentine.....ounce i
Camphor.....ounces ij
Oil lavand.....m. xx
Olive oil.....ad ounce iv
M. Ft. Liniment.

—*Dr. Tilt.*

INTESTINAL HEMORRHAGE IN TYPHOID FEVER.

R. Ac. tannic.....gr. x
Tr. opii.....m. x
Spirits terebinth.....m. xv
Mucil. acaciæ.....drams ij
Tr. chloroformi.....m. xx
Aq. minth. pip. d., oz. i
M. Ft. Haustus.
Sig.—To be taken at bed time.

—*Dr. Murchison.*

NIGHT SWEATS OF PHTHISIS.

R. Zinci sulph.....gr. vj
Ext. hyoscyami.....gr. xxiv
Divide in pil. No. vj
Sig.—One at bed-time.

—*Dr. Barlow.*

Reviews.

The editor of *The New Nation*, (13 Winter street, Boston, weekly, $1.00 per year) states that he has many physicians as readers of his inimitable journal. This but indicates that the physicians of the present day are worthy successors of those of Revolutionary times, who, like Rush, stood up nobly for the rights of man. In this, the greater revolution, peaceful and bloodless though it be, the historical figures that are developed will be correspondingly grander as the cause is higher and more comprehensive in its aims. *The New Nation* will be a historical publication to which our people will ever look back with pride.

THE ORUM SYSTEM OF VOICE EDUCATION. For Conversation and Reading, Recitations, Dramatic Exposition and Bible Reading. By Julia A. Orum, Principal of Philadelphia and Mountain Lake Park Schools of Elocution. Fully illustrated. Cloth, $1.00. Address authors.

We now wish to call your attention to a book in which all physicians and their families should be interested. The physiological method of breathing—the normal method, which develops the physical being to its highest capacity and cures many chronic throat and bronchial ailments is most thoroughly taught and clearly explained by means of diagrams and full figure illustrations. This method can be learned in an hour and will be a blessing ever after—not only to the speaker and singer, but to every one who wants to live a healthful life.

Next is taught a method of tone production which enables one to talk, recite, read or sing in long-continued efforts without weariness, as does the talented author of the work.

This much for the purely physical part of elocution and oratory. The next is the purely intellectual part—the proper conception and interpretation of ideas, so that they may be conveyed to others with their fullest possible force. This is taught in the portion of the work devoted to analysis and study of the common sentences of every-day life, as well as the greatest ideas of the masters.

Our acquaintance with the gifted author of this work enables us to say that she is herself a living exponent of the benefits of the system she so ably teaches. Every physician wants to be able to give clear and forcible expression to his thoughts. Then he should have this work.

In Press.

HERNIA.—ITS RADICAL AND TENTATIVE TREATMENT IN INFANTS, CHILDREN AND ADULTS. By Thomas H. Manley, A.M., M.D., Visiting Surgeon to Harlem Hospital, Consulting Surgeon to the Fordham Hospital, Member of American Medical Association, New York State Medical Association, New York County Medical Association, New York Academy of Medicine, Pathological Society, National Association of Railway Surgeons, etc., etc.

This work is illustrated by sixty-five engravings and drawings, with a full history of the ancient and modern operations for the hernial infirmity of every type, in both sexes, along with a full description of the varied anatomical types of the condition and the multiplicity of technique of modern times; it also embraces an entire chapter on cocaine analgena as a substitute for pulmonary anesthesia, with a full and complete set of rules for its indications and technique. Price $3.00 mailed to any address. Published by the Medical Press Co., Limited, 1725 Arch St., Phila., to which all orders should be addressed.

INTERNATIONAL CLINICS. Third Series, Volume I. The J. B. Lippincott Co., Phila.

These works are intended to supply the place of personal attendance upon the great clinics of the master teachers in all the best hospitals and schools of the world. The advanced thought of the age is to be found in these lectures, although one has to do a considerable amount of reading to get it.

THE MEDICAL WORLD is a welcome visitor to my office. I would not be without it for five times its cost. J. W. HORNBY, M.D.
Newark, Ohio.

LIMITATION OF THE FAMILY. By F. W. Abbott, M.D. Taunton, Mass. Price, 10 cents. Published by the Author.

This is the re-publication in pamphlet form, of what was originally a medical society paper. The doctor has been a close student of the subject for many years and herein embodies his views. The title would indicate to many that Dr. Abbott has some new and easy method of prevention to advocate. This is not the case. The only one recommended by him is a greater observance of martial continence. The entire subject is treated in dignified manner, in a high moral tone.

DIATHETIC MALADIES AND THEIR DOSIMETRIC TREATMENT. By Adolph Burggraeve. W. J. Morrison Publisher, 43 Broad St., New York.

This little work, in pamphlet form, briefly treats of Gout, Gravel and Urinary Calculus, Rheumatism, Fatty and Atheromatous Degenerations, Hepatic Cirrhosis and Biliary Calculus, Casevus Degeneration, Tuberculosis, Calcarevus Degeneration, Sclerose, "Cancerosis," "Syphilosis," and Herpetism, all from Dr. Burggraeves' especial point of view. Those who are using the active principles, either in the form of granules or otherwise, will take an interest in reading it. The price is, we believe, 25 cents.

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FOR a good non-secret uterine wafer address the Waterhouse Pharmacy, St. Louis, Mo.

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In these shaky financial times keep your money in a safe made by the Victor Safe and Lock Co., Cincinnati, Ohio.

HAVE you yet used the California Fig Syrup for constipation?

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FOR a sample cake of Sozoderma, a fine antiseptic soap, send to Hall and Ruckel, 216 Greenwich St., New York.

USE the Mizpah Breast Pump and the Mizpah Nipple made by Walter F. Ware, 70 North Third St., Philadelphia, Pa.

AMENORRHŒA WITH GREAT DEBILITY.

R. Stearns' cascara aromatic.....1 fl. oz
Simple elixir.....2 fl. oz
Fluid extract of berberis aquifolium.....2 fl. oz
M. Sig.—Dose, one-half to one teaspoonful three times a day.

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RENZ & HENRY'S Three Chlorides is a good medicine.

Now, in the summer time you can do very much to permanently cure your patients with chronic lung and throat troubles by using Freligh's Tablets.

USE granules of the active principles made by Dr. W. C. Abbott, Ravenswood, Ill.

AFTER many years' experience in gynecological practice, I never found any treatment of real value in the cure of eudo-metritis, until I read Dr. Mark's article in the March number of THE WORLD, advocating the use of the solidified sub-sulphate of iron locally, with liq. esct galega vera, the re-constructive. Both I and my patients are delighted with the results.

Signed, V. R. DORRETTA, M. D.
Englewood, N. J.

DELIRIUM TREMENS.

R. Tinct. capsici.....½ oz
Peacock's bromides.....1 oz
Celerina.....2½ oz
M. Sig.—Teaspoonful, in water, as required, for wakefulness and ex itement.

WHEN you have occasion to prescribe a food for an infant patient, whose mother cannot properly provide for it, or when the child is being weaned, or for a child suffering from mal-nutrition through any cause or from cholera infantum, marasmus, or other troubles which affect its power to digest and assimilate nourishment, remember that Horlick's Malted Milk is provided especially for the use of physicians in such cases.

This preparation consists of pure, rich, sterilized cow's milk obtained in one of the choicest of dairy districts and combined with an extract of malted grain, then evaporated to dryness in vacuo, and put up in the form of a powder in sealed glass packages.

It contains all the elements of nutrition in milk and the cereals in a perfectly soluble and easily assimilable form. Infants thrive better on it than on raw cow's milk owing to the partial digestion of the casein of the milk by Plant Pepsin obtained from the grain which is malted by a special process. It contains no starch and requires neither cooking to make it digestible nor the addition of milk to make it nutritious, being prepared for use by simply dissolving in warm water. Try it in your next case and you will not be disappointed. Packages for trial sent on application to the manufacturers.

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SANMETTO IN PROSTATIC DISEASE—VESICAL CATARRH — SPERMATORRHEA — PRE-SENILITY.—I have been using Sanmetto for two years quite extensively, and, I am free to say, with unvarying good results. It is the most satisfactory agent I have ever tried in prostatic disease and vesical catarrh. I have had excellent results with Sanmetto in spermatorrhea

(*Continued on next leaf.*)

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THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

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C. F. TAYLOR, M. D.,
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The Proper Use of Natural Forces in Medical Treatment.

All education is useful to the physician and surgeon. He must call to his aid all the known forces as well as all the elements and products of nature. Hence he must be a student, an observer, a philosopher all the days of his life.

We fear, however, that there is still too much of a tendency to rely upon the use of drugs, on account of the element of mystery which their action possesses (a relic of the ages when the medical art was all mystery) to the neglect of the simpler natural agencies—heat, cold, air, sunlight, water—and the various forces—gravity, hydrostatic pressure, active and passive exercise.

Let us, for example, consider the uses which the physician may make of the force of gravity in the practice of his art. In doing so we can but call up some well-known examples for illustration, yet the observing physician has the opportunity of adding one or more new ones to the list every day, so infinite is the diversity of cases in practice.

We all know the fact that a wounded hand or foot will be less painful and will heal more quickly if kept in an elevated position, so that gravity can aid the return of the venous blood and thus relieve the congestion. This can also be greatly assisted by stroking with firm, deep pressure along the course of the vein-trunks from the affected part towards the body. This same principle also applies to the accumulation of fluid in dropsical limbs. Pneumonia patients should change their positions frequently to prevent accumulation in one portion of the affected organs.

The principle is well known that a foreign body in the air passages can best be removed while the patient is in an inverted position. But we nearly all forget that principle when the foreign matter happens to be a pathological secretion—mucus or pus from an inflamed tube or lung, or from a bronchiectatic pocket. In such a case, if the patient, with his body on the bed, will reach down with his hands to the floor and thus support himself he can often cough up (or down, rather) enough to give him relief for several hours. This must also be remembered in the first act of pouring the water from the lungs of one rescued from drowning.

But let us look in another direction. We have in the abdominal and pelvic cavities a lot of movable viscera, more or less loosely attached, as one will experience by feeling if he will take a trip in a rapid elevator or in a high swing. In the natural position these viscera depend upon their attachments and the floor of the cavity for support. In cases of hernia, inverting the patient will enable this floating mass to aid greatly in pulling back the protruding intestine. In case of twisting or invagination of

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the bowel (volvulus) inversion of the patient is always to be employed as an aid in relieving the obstruction. The foot of the bed should be elevated to aid in curing bed-wetting in children. A full enema can usually be taken with ease if the patient will assume the knee-chest position.

In obstetrics this position is especially favorable for returning a prolapsed cord or for correcting a bad presentation. For abdominal operations the surgeon can change the location of the various organs, within certain limits, to suit himself for convenience in operating, by placing the patient in appropriate positions.

Now we will cite one more illustration which we wish to speak of more fully, as it is not quite so well known as it should be. The various forms of congestion and inflammation of the pelvic organs in women have one natural obstacle to their spontaneous recovery—the organs occupy the lower cavity, with, in cases of relaxation, the pressure of other viscera upon them, and the blood tends also to gravitate to these parts with nothing to favor its return. The deadly corset also lends additional force to the force of gravity in bringing about these congestions. For relief, remove the corset and put the patient on a bed the foot of which is raised about twenty-four inches by means of blocks.

By this means the veins are enabled to drain the congested parts, the natural tendency to healing asserts itself, and in time the vessels regain their normal caliber and tonicity. The question as to whether the patient should remain in bed constantly for a few weeks while this process is going or should only use the bed, so prepared, for ordinary sleeping purposes, going about her duties during the day, must be answered according to the severity of the case. By this treatment many cases of congestion and inflammation of the pelvic organs have been cured where operative measures were thought to offer the only hope.

The physician should always be mindful of the force of gravity and the hydrostatic pressure of liquids in considering the causes of disease and measures of relief.

A Consideration of the Continued Fevers.

The Medical Age states that, at the recent meeting of the physicians of Texas, at Galveston, Dr. Sears said that there had been considerable continued fever at Waco—whether typhoid or malarial he did not say—but quinine was the only treatment, and the cases were cured. Dr. West asked how long it took to cure them with quinine. "From one to two, and sometimes three weeks," was the reply. "Do you call that curing?" "Yes; don't you?" "No, sir; I call it surviving the treatment."

We are glad that the doctor has had the courage thus to express his views in regard to a treatment which too many physicians follow for no other reason than that it has the respectability of long precedence behind it.

Many cases of these "slow" or continued fevers have been reported in our columns, and we have been watching their discussion with considerable interest. We believe that quinine is administered in these cases because of an error in diagnosis. If the physician will treat one case in the usual manner, with quinine, and a similar case with simply good nursing, refreshing baths, frequent changes of linen, pure air, and cool acidulated drinks, he will soon see that no medicine at all is better than the wrong medicine.

These fevers, in addition to the hygienic regimen mentioned above, are best treated in the following manner:

Keep the alimentary tract pure by cleansing it out daily with Seidlitz or other gentle saline laxative, by the administration of sulpho-carbolate of zinc in three grain doses or sulpo-carbolate or hyposulphite of sodium in ten grain doses, and, in extreme cases, by an occasional antiseptic irrigation of the colon.

Reduce fever by the administration of aconite, veratrum, digitalis, or their active principles, with strychnine and phosphorus. These remedies should be given freely, at short intervals, until the desired effect is secured.

We believe that this imperfect outline will suggest to the practitioner a satisfactory method of treatment for these cases, which more closely resemble typhoid fever than any other, but whose exact pathology has not yet been authoritatively made out.

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Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

On the Treatment of the Morphine Habit.

Editor MEDICAL WORLD:—In assuming the care of an individual suffering from morphinism with the intention to effect a cure, the first thing to be considered is as to the etiological factor in connection with the habit. If the man be suffering from an incurable disease and the drug habit has been contracted in endeavors to relieve intense pain, but little if anything can be done, unless the original disease can be ameliorated or cured, but in other cases a cure can be effected.

There are three plans recommended, to-wit: First, the sudden and absolute deprivation of the drug; Second, its gradual reduction; Third, the plan of gradual reduction with the exhibition of remedies intended, to a certain extent, to take the place of the morphine. The third plan is the only one I use or recommend, for various reasons, an important one being that there is less suffering entailed upon the patient when treated by this method than when treated by either of the others. There are cases, perhaps, in which a sudden and absolute deprivation might be employed, and there are cases in which simply a gradual reduction might be used, but I believe these same cases would be easier, more safely and better managed by the method I recommend. A morphinomaniac is a sick man and should be treated as such. While philanthropic measures and moral suasion and control are, in themselves, powerful levers, their strength depends very largely on the hand that guides them, and they are comparatively weak when used in connection with the extra physiological habits to which mankind is unfortunately prone, unless directed by scientific medicine.

The two sub divisions of the animal economy to which our attention is primarily directed in treating the morphine habit are the nervous system and the cardiac mechanism; and in using the term "nervous system" I include that part which presides over the exhibition of nervous function called the intellectual faculties.

I believe there are very few cases in which the morphine habit can be called "primary," or where the habit has been acquired on account of the pleasure given by the agent, or where what is called "viciousness" has been the exciting factor. In the very large majority of the cases met with, I believe the habit is "secondary" or symptomatic, and indicates a previous condition of nerve-exhaustion, or the existence of Beard's disease, neurasthenia. In France, where it is claimed that the disease is alarmingly prevalent, a recent investigator finds that a very large number of the habitues belong among the upper class, among people whose nervous systems have been shattered, or at least brought below par by social dissipation. Granted, though, that in a given case when first seen by the attending physician the condition could be called "primary," that is, as far as etiology would be concerned, it was not due to any pre-existent pathological lesion no matter how slight; still, when this patient would come under treatment, his general condition would be "neurasthenic." Therefore, leaving out organic lesions, in each case our treatment would be pretty nearly, if not quite, the same. Our course, therefore, is plain. We must endeavor to re-establish the normal physiological equilibrium, and, this done, our cure is almost accomplished—at least it is rendered feasible.

We should not, except where we cannot possibly do otherwise, try to treat these patients at their homes. They should be taken care of at a sanitarium or some place where they can be absolutely under the control of the physician, and where the physician can be positively certain that no morphine can be surreptitiously conveyed to them. I have treated several cases successfully by placing the patients in a good hotel, with a competent nurse in charge, on whom I could rely. I need not do more than mention the fact that mendacity is a constant concomitant of morphinism, and no reliance can be placed on the patient himself. A morphine sonsumer is a liar, because he is the victim of a disease of which a reduction of moral tone is a symptom. It is a part of his general neurasthenia. Some patients will exaggerate greatly as to the amount of the drug they have been taking per diem, while, on the other hand, now and then a patient will tell you he has been using a rather small amount, whereas, in reality he has been taking a considerable quantity. In this latter case serious results might follow the

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adoption of the first plan indicated, that of sudden and total deprivation.

When a person suffering from the disease comes to me for care and treatment, I first make a thorough and careful physical examination of his system, heart, lungs, kidneys, etc. I then insist on his removal from his home and his being placed away from the immediate influence of his relatives and friends. I have all his clothes taken away from him and have him put in bed, in as pleasant and well ventilated room as possible. In fact, for a time my routine is to subject him to the Weir-Mitchell plan of treatment for neurasthenia. I find out as far as possible how much morphine he has been in the habit of taking in the twenty-four hours, but I gauge my treatment more on his general condition than on any mere statements made by himself or his friends. One thing I would here accentuate, and that is frequent and careful examinations must be made of his circulatory apparatus. Regularly every two hours while he is awake I have fluid nourishment given, such as hot milk, beef tea, soups, gruels, etc. I also use proteinol and fluid beef peptonoids, the latter given plain, or in soup, or in beef tea, hot water or milk. In addition to these the exhibition of kefir, koumiss and Dr. Dadirrian's matzoon will be found helpful. Where vomiting occurs I have had success in controlling it by means of teaspoonful doses of iced champagne given every ten or fifteen minutes. To repeat, the following conditions must be strictly attended to: Quiet and absolute rest in bed, plenty of fluid nourishment, given with military regularity, often, and in small quantity each time.

As regards the use of morphine; after finding out or estimating the amount of the drug that has been daily taken, I at once decrease it by one-third, for three days giving this dose. Then decrease by two-fifths, giving this dose for two days. Then decreasing by one-tenth per day for the remainder of the time that the morphine is used, replacing it as occasion may require, by increasing the dosage of the heart tonics. At this time too much attention cannot be paid to the condition of the heart, and it may be necessary temporarily to increase the amount of morphine given. I give the morphine in as nearly as possible the same number of divided doses that the patient has been in the habit of taking, and in the same manner; thus, if he have been taking it by the mouth, I give it to him in the same way; if by the syringe, I use the syringe. If he have been taking ten doses during the day, I give him ten divided doses during each day, decreasing the amount each twenty-four hours as above directed. The patient never must know how much of the drug he is receiving, nor must he be allowed to know when it has been entirely left off. In giving it by the mouth I never use the plain solution, but always exhibit it in some excipient with a decided, pronounced taste of its own. As the morphine is reduced in amount, and when it is no longer given, its bitterness can be replaced by some other similar substance as to taste. And for some days this dose is exhibited, the patient not knowing whether he is taking morphine or not. In the same way when the hypodermic syringe is used, and after the period of minimum dosage has been reached and passed, for a time injections of sterilized water are given.

For heart tonics I administer strophanthus or sulphate of sparteine, and if necessary nitroglycerine. While strychnine is recommended, there are many cases in which I have found the nervous symptoms rendered more pronounced under its use, and this must be borne in mind in connection with its employment. For insomnia I administer sulfonal or trional, and for the severe muscular pains that often are complained of, I employ electricity, massage and hot baths. In all of these cases there is more or less constipation, and for this condition I have confidence in the following prescription:

R. Fel. bovis inspiss. et purif.....gr. xx
Ext. pancreatin.....gr. vi
Ext. colocynth. comp.....gr. x
Quiniæ sulph.....gr. x
Ext. taraxaci.....gr. xii
Misce et ft capsulas No. xx.
Signa.—One capsule t. d., a. c.

This is an excellent intestinal stimulant and produces good results.

For a nerve tonic and to help to relieve the craving for the morphine, I prescribe the following:

R. Auril et sodii chloridi.....gr iii
Ext. belladonnæ.....gr. v
Misce et ft capsulas No. xx.
Signa.—One capsule t. d., between meals.

The craving for the drug, or morphine hunger, will, however, be found to decrease as soon as the cardiac tonics begin to take effect. The length of time the patient will have to remain under treatment will depend upon the amount of the drug he has been daily using and on his general condition.

By following this plan I have successfully treated a number of cases.

CHAUNCEY F. CHAPMAN, M.D.

[Clinical instructor in Medicine College of Physicians and Surgeons of Chicago, member Chicago Pathological Society, Assistant Medical Inspector to the Commissioner of health of Chicago.]

252 Warren Avenue, Chicago, Illinois.

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Truss for an Infant.

Editor MEDICAL WORLD:—The following case is reported, hoping the suggestion may be of as practical use to some other young physician as it was to me.

Early in January Mr. M. requested me to see his baby, a boy, aged five months.

The little fellow was quite emaciated. Upon examination I found an umbilical hernia as large as an egg, also inguinal hernia upon both sides, quite large, in fact, it appeared that the three hernias contained the greater part of the baby's intestines. Reduction was not difficult. On the umbilicus I placed adhesive plaster, and we (parents and myself) concluded that so long as no trouble came from the inguinal hernias we would wait until the umbilical was healed. The surgical plaster would retain the hernia for a day or two and then would give away some where, no matter how carefully it was applied. After several trials this was abandoned, and an elastic bandage substituted. This bandage answered admirably. The conical button was removed from it before being applied, and over the abdominal opening a pledget of cotton was placed, over the cotton a coin, this the bandage held in place until the opening closed. The inguinal hernias in one so young was a puzzle to me, and it may still have remained a puzzle if the following from the pen of Dr. Handley, of Tennessee, had not attracted my notice. I quote him from *The Southern Practitioner:*

"For infants I most heartily endorse the 'hand or woolen truss' first suggested by William Coates. * * * It is made of woolen threads, thirty or forty in number, wound into a sufficient length to pass around the body, loop over the inguinal canal and descend beneath the perineum to be tied to the first horizontal band. By looping or tying the band over the abdominal ring, firm pressure is afforded the entire canal, and is in every respect comfortable to the child." He proceeds to give the advantages of this truss, but I will quote him no further; the article is in the February number of the journal mentioned and will repay perusal.

I applied it and my patient is as water tight as any youngster of his age.

Allow me to return thanks for the many kind letters of assistance that came in response to my request for aids in the morning diarrhea. This cured him:

℞ Opii pulv.....drams ss
Bismuth subnit.....drams j
Pb acet.....drams ss
Zinc. sulpho. carb.....grs. xv
M. ft. chart. No. xxx. Sig.—One at six and nine P. M.

E. L. STRODE, M.D.

Swan Pond, W. Va.

Diphtheria.

Editor MEDICAL WORLD:—Diphtheria is a disease usually ushered in with a rigor, followed by an increase of temperature, sometimes nausea, vomiting and pain in swallowing, swelling of the parotid and sub maxilliary glands. A membrane forms first on the tonsils and fauces, sometimes extending through the anterior nares, and accompanied by a fetor that is diagnostic. It is usually contracted by infection or contagion, and may be either sporadic or epidemic.

Membranous croup is a local disease not contagious, confined to the larynx and trachea, or extending downward into the bronchi, never appears anteriorly upon the tonsils, or in the anterior nares. Very little, if any, pain is felt in swallowing, neither is there swelling of adjacent glands. From its insidious approach and lack of vigilance in parents, the physician is generally called so late in the disease that the treatment is a forlorn hope, and medication without the aid of surgery, useless.

In quinsy or follicular tonsillitis the attacks are recurrent; prone to transmission hereditarily as a part of a rheumatic diathesis; no membrane forms on the fauces, tonsils or pharynx. If treatment is neglected it results in suppuration, and always in recovery. Constitutional disturbance and pain are out of proportion to the disease.

The differential symptoms enumerated above will show why, by comparison and exclusion, I arrive at the diagnosis of diphtheritic cases, and the faith I have in the correctness of the same.

In former years I made a faithful trial of the then standard remedies, iron, quinine, potassa chlorate, calomel and inhalations of slaking lime, always being vanquished and death the victor.

In the April number of the *N. Y. Medical Gazette*, 1881, Dr. Guttman, of Cronstadt, gave a very favorable report of his experience, extending over a period of eighteen months, with the alkaloid pilocarpine. Dr. Lax, following Guttman, made use of the muriate of pilocarpine in a small epidemic of diphtheria, and obtained results far exceeding his most sanguine expectations. I procured the drug, using it after the formula of Guttman, viz:

℞. Pilocarpinæ muriatis ..... gr. ½ to ¾
Acid hydrochloric ..... gtt. ii to v
Pepsini ..... gr. ii to iv
Aquæ ..... ounces ii ss
M. Sig.—Dose one teaspoonful every hour to a child two years old

I usually give in conjunction, calomel grs. ij to vi according to the age of the patient, until I get characteristic dark green discharges.

Dr. Guttman says, in his report, that pilo-

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carpine is a purely local remedy, preventing the development of the membrane and organisms on which the disease is presumed to depend, dissolving and carrying them away by the excessive flow of saliva.

I do not coincide with the views of Guttman as to its being a purely local remedy, because of the diaphoresis which ensues almost immediately, the decline in temperature and volume of the pulse, and, later, the decrease in number of pulse beats per minute, and, if given in too large doses, or too often, causing nausea and vomiting. Sweating follows its exhibition in fifteen or twenty minutes, the increased expectoration in an hour or two, and the fall in temperature in from six to twelve hours. Its use is followed by hypersecretion from the mucous membrane of the throat and fauces, melting and dissolving the patches of diphtheritic membrane, which disappear and are carried away by the profuse flow of saliva, in from thirty-six to forty-eight hours. Some small lingering patches may be seen after that time. In only two cases has the membrane continued longer and in only one has it recurred.

I lost five patients the first six years of my practice. Now in ten years I count nine saved and no deaths, nor paralysis following the disease or treatment. I shall write further of this remedy when we come to the croup number.

Mulvane, Kan. W. K. HARRIS, M.D.

Slow or Continued Fever.

Editor MEDICAL WORLD:—This, in contradistinction to enteric, or typhoid fever. In a practice of thirty odd years in the Carolinas this form of fever was unknown to me. Three years ago I began practicing my profession in Florida, and very soon met what is known, locally, as, "the twenty-one days fever." It is unnecessary here to describe this fever, as it is identical with that recently described in THE WORLD. The symptoms are one with those of enteric fever, except that there is no especial tenderness and no gurgling or crepitation under pressure in the right iliac region—nor is there any characteristic eruption. With these exceptions the symptoms may be said to be identical. *The treatment is identical.* The prognosis more favorable than in enteric fever. While there is no especial tenderness in the right side, there is more or less pain or uneasiness there. The fever runs highest during the first ten days, and during which time, there is more or less cerebral excitement, in most cases amounting to mild delirium.

As to treatment. I have stated that it is identical with that of entine fever. Of course that means that I treat it, as I would treat the most of cases of entine fever. It should be emphasized that quinine is worse than useless, in any attempt at aborting the fever. In as few words as possible I state what my usual treatment has been. The secretions are regulated by calomel. If the patient is of full habit, the secretions very torpid, the fever high, I give a full dose of calomel to secure its sedative effect while the secretions are stimulated. I act as soon as the character of the fever is determined. The patient is at once put on the turpentine treatment. Say:

R. Spts. turpen ine.....dram ss
Spts. lav. co.....drams ij
Sugar and gum arabic .....qs
Water.....qs. ad oz. iv
M. S.—Teaspoonful every three or four hours.

This mixture to be kept up regularly until the fever has entirely yielded.

At the first symptoms of swelling, or looseness of the bowels, a pepper poultice is placed on the bowels, and renewed every twelve hours. I find gelsemium in combination with sweet spirits nitre serivceable when the fever is high. Of course when fever is persistently high I give antipyrin in often repeated, small doses.

The heart is to be watched and kept up by digitalis. Brandy is highly useful after ninth day.

All solid food is prohibited, milk being preferred, unless it disagrees. Then corn meal gruel is to be given. Few cooks know how to prepare the last mentioned article of diet. The meal is to be washed like hominy. Then boiled two hours, seasoned to taste with salt and pepper. After the first day or two the bowels are to be kept open *daily* by a turpentine enema.

Put spirits turpentine drams ss into a cup with the yellow of an egg, beat thoroughly and stir in slowly half-pint tepid water for the enema.

Under treatment like this the duration of my cases have been curtailed to twelve to fourteen days. None of them running to twenty-one days, as they did under quinine treatment.

As to what the anatomical lesions are I am wholly unable to enlighten your readers—never having had an opportunity of making an autopsy, which I shall insist on when I meet a death. In the last three years I have treated about seventy-five cases. All of them recovered. In some instances the cases were sporadic, in others it would run through an entire family. It is stated for what it may be worth, but, since insisting that all the excrements be buried or burned, in no case has the fever spread to other members of the family. This may have been accidental, but I now insist on this disposition of the dejecta. J. D. BRUCE, M.D.

Green Cove Springs, Fla.

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For Diabetes.

Editor MEDICAL WORLD:—I would suggest to Dr. Jas. H. Loving, Fate, Texas, that he put his diabetes patient on the following treatment for two months and he will be surprised at the result. First give for three weeks the following:

R. Strychninæ sulph.....gr. ii
Acid acetic
Aq. cinnamom.....aa oz. ii
M. S. Teaspoonful in water three tim s a day.

After three weeks use the following:

R. Lithiated hydrangea.....oz. viii
S. Teaspoonful four times a day in water.

If there is much thirst give small doses of arsenite of soda three times a day. Furnish her with a chart of such things as she should eat, and soak the feet frequently in an infusion of oak bark and alum.

I am a new beginner with THE WORLD, but am in love with it already. S. P. ROBERTS.

Church Hill, Md.

Electrolysis of Strictures.

Editor MEDICAL WORLD:—It has been said, on good authority, that gonorrhea directly and indirectly causes more deaths than does syphilis, yet we all know that clap is treated by the laity with far less consideration, and is dreaded less than pox.

Ordinarily, when scientificatly treated, gonorrhea is a simple thing, and we know that if the physical and hygienic conditions are favorable, gonorrhea is a self-limited disease.

It is the cases that occur under bad circumstances, or that are not well treated either by the physician or the patient himself, that eventually terminate in stricture of the urethra. The cases of traumatic stricture of the urethra are sufficiently rare to not be taken into consideration with regard to the cause. Concerning the treatment it is the same for all kinds. Thus we see that the great majority of the urethral strictures are the results of gonorrhea. In the rectum the case is different, for there the gonorrheal stricture is rare and syphilitic and tubercular ones are the rule.

When treating strictures by electrolysis it is of the utmost importance that we thoroughly understand the physics and chemistry of electrolysis, or we may utterly fail to accomplish the end aimed at. Apropos of this it may not be out of order to briefly state the theory and chemistry of electrolysis. "Electrolysis is the decomposition of a compound body by electricity, a chemical decomposition. The body to be decomposed must possess certain elements to be an electrolyte, and as a compound body must contain water and a salt. Nicholson and Carlisle discovered this process of electrical decomposition in 1800, and successfully electrolysed water into oxygen and hydrogen, therefore the theory is not new.

"As a matter of convenience the poles are designated positive and negative. The galvanic or rather the constant form of electricity is the only one that causes electrolysis, and when applied with a mild current will cause absorption only, while a strong current will burn, cauterize or even destroy tissues." (Newman).

At the positive pole oxygen and acid elements are liberated, and it has the effect of an acid caustic, causing coagulation of albumen, a shrinking of tissues, and a superficial, dry, white, hard cicatrix. At the negative pole hydrogen and the alkaline elements are liberated and it has the effect of a caustic alkali, not causing coagulation of albumen nor shrinking of tissues, and causes a deep, moist, red, soft condition.

Now in stricture we usually find a hard, dense, fibrous band of contraction, and, knowing the different actions of the poles, common sense would choose the negative pole to apply. By means of it a stricture can be decomposed, absorbed, and effectually, safely and easily removed.

The modus operandi is as follows: Take an insulated sound with a tip next in size larger than the caliber of the stricture, connect with the negative pole, and with the electrode connected with the positive pole well wet and applied to some indifferent part, insert the negative tip into the canal till it strikes the stricture. Then switch on the current, gradually increasing the strength until it is distinctively but not painfully felt, then stop increasing the current and hold the tip in contact with the stricture, using steady, constant pressure without exerting force, and then wait. Literally we turn the switch and the current does the rest.

The greatest requisites are gentleness and patience. After the tip has gone through the stricture, then bring it out slowly, the same as when it was introduced, until it has again passed the stricture, then switch off the current entirely and withdraw the electrode.

Never use but one sized tip at a single seance. At the next seance use a tip the next size larger than the last, and so increase the size at each application until the caliber of the stricture is the required size. As compared with other methods of treating stricture, the electrolytic method has many advantages over all other methods yet devised. To Dr. Robert Newman, of New York, is due the credit of introducing and perfecting this method. The old method of slow

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dilatation was slow, tedious, painful and unsatisfactory, as the tissues dilated would contract again.

The later method of rapid divulsion and the still later cutting operation was unsafe, on account of the danger of sepsis, painful, bloody, required an assistant and an anesthetic, and was, and is, unsatisfactory, because, in addition to these reasons, the resulting cicatrix was contractile and often made the caliber of the stricture less after than before operating. The advantages of the electrolytic method are many. This method requires no assistant or anesthetic, is not painful or bloody, while slow it is sure, does not interfere with the patient's daily business. The hydrogen evolved is itself a powerful antiseptic, therefore, there is no danger of sepsis. It does not stretch nor divide the stricture at one point as does divulsion and the cutting operation, but removes the stricture entirely, leaving the wall of the canal smooth and healthy, and when the stricture has been decomposed into its elements it is gone for good. While we can not all run hospitals and be brilliant operators in genito-urinary surgery, we can all cure strictures more safely, pleasantly and quickly as general practitioners, than can the knife operator. It is the belief of the writer that the electrolytic method of treating strictures will eventually supersede all others for the most of strictures. This method has been and can be used for the enlargement of the caliber of strictures of any of the canals of the body, the esophagus, lachrymal and eustachian tubes, the rectum, vagina, and cervical canal, as well as the female and male urethra.

The writer, after five years' investigation and experience with this agent, can say with assurance that electricity, rightly used, is the best method for the cure of strictures and his limited experience is backed up by a large amount of authority, among whom is Dr. Robert Newman, with over 300 hundred cases of his own and a table of over 2000, collected from a number of physicians all over the country.

In recapitulation let me emphasize the following points:

Use only the negative pole.

Turn on and off the current with the electrodes in situ.

Use mild currents only.

Produce no pain or blood.

Use no force whatever.

Use gentleness, and above all have patience, and success is the reward.

In conclusion, allow me to refer to the report of a case of rectal stricture treated by electrolysis, published in the *Times and Register* of April 8, 1893, and also copied into the *Journal of Electro-Therapeutics* of April, 1893, in which, with thirty treatments in 144 days, an average of one every five days, the caliber of the gut was enlarged from a tight half inch to a loose inch and a quarter, leaving the membrane smooth and soft.

The stricture in this case was over eight years old, and was an inch wide and half an inch thick, circling the gut, and had been treated by everything but the knife before coming to me. HOMER C. BENNETT, M.D.

Lima, O., Med Dep't. University of Wooster, and Med. College of Ohio.

"The Kneeling Position in Labor."

Editor MEDICAL WORLD:—It is now a long time since my last letter to THE WORLD. But Dr. J. A. White, of Pineville, La., has raised *one* of the most important questions to my mind, that we have to solve in the whole domain of medicine. This question of position in labor has received my serious attention for forty years, ever since I left the halls of my loved alma mater, the Medical Department of the University of the city of New York, whose honored and faithful teachers—the beloved professors, of my acquaintance then, have all, save possibly one, gone to that bourn from which no traveler ever returns.

Still she holds a leading and distinguished position in the realms of medicine.

Of her eminent writers and professors was the heroic, talented and much loved Gunning S. Bedford, Prof. of Obstetrics, etc., etc.

Few students in medicine of this generation can appreciate his heroism and his great labors to make the *first established* object treatment for the diseases of women in America at the said University a grand success. In a letter of mine published in THE MEDICAL WORLD a few years since, I had occasion to advert to this matter, and cited quotations from different medical journals in proof of his statements—taken from Nelson's *American Lancet* of those times which are still in our possession, going to prove how great was the opprobrium sought to be heaped upon the devoted head of Prof. Bedford. It seems to us now almost incredible that such could have ever been the fact. To return from this digression.

On leaving my alma mater, March, 1853, the one prominent question to my mind was where shall I locate for my life's work? Soon I was offered a good salary to locate for one year in the then wild Adirondack's, now so famous as a health and sporting resort.

I accepted the offer and became the *first located* physician in that section of our State.

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In front to the nearest doctor it was twenty-five miles, and to the right about the same. In the rear was hundreds of miles of wilderness, lakes and mountains; to the left some fifty miles to a physician.

Still there were organized towns and many hamlets there, and trout and game in abundance.

Many were the days that I rode on horseback or in the carriage of that region—the buckboard—twenty-five, thirty or more miles a day. It may be asked what has this to do with the "kneeling position in labor?"

1st. The writer had sought to qualify himself for his life's work according to the views of those times, when it was taught that the *back* or side was *the position* to put a woman while in labor. But in the beginning, I found that the women who had been compelled to get along as best they could, with indifferent midwives if so fortunate to obtain such, in most cases assumed the *knee position*, often standing, resting their hands on another, or having their pains in a sitting position, but in the latter stages of labor would rest upon their knees. Along at first I almost insisted on their resting on the back or side. And yet in tedious or difficult labors, when the head made no advancement, allowed them to take the *knee position*. After awhile came to advise them to take the knee position, and am convinced from my long experience that, as a rule, the knee position is the normal position in a large proportion of cases.

Every case of labor is to be managed accordsng to the exigency of the case.

In my whole three years' sojourn in that country, I did not in a single case have the comforting and gratifying presence of a brother physician in such cases, no matter how greatly their assistance might be desired. I was fortunate, however, in conducting all such cases to a successful end. Now for a good many years I have thought it best in very many cases to have the woman lie down in labor. Many cases have been benefited by doing so.

I now recall to mind several cases of repeated instrumental deliveries, who since, on occupying the knee position, have got along well. But as I cannot exhaust this topic of the *knee position*, and of position in labor in this paper, I will close, thanking Dr. White for bringing up this important matter. S. HAYNE, M.D.

Saranac, N. J.

Editor MEDICAL WORLD:—"The Physician as a Business Man' is a library in itself. No doctor can afford to be without it, even though it should cost ten times the price asked. Cash dollars represent its value to me to-day. LOUIS F. HIGH, M.D., Woodburn, N. C.

A Ball in the Heart of a Living Animal—Is There Anything on Record Like It?

Editor MEDICAL WORLD:—I have in my office a bear's heart with a rifle ball 32 caliber imbedded in the muscular tissue of the left ventricle. The animal was killed June 5th, in Johnson Co., Tenn. It was caught in a trap and killed by dogs. The man who dressed it found a hard lump in the heart and by cutting in he found it to be a Winchester ball 32 caliber. It was brought here next day and upon examination I found the ball had entered the wall of the left ventricle about one inch and a half from the apex, and imbedded itself half inch in the muscle. It had driven the pericardium before it, owing to its being much flattened at the end. Adhesions formed around the edges and the ball became encysted. How long it had been there is a question. Is there anything like it on record? If so please report in MEDICAL WORLD. L L. COX, M.D.

Mt. City, Tenn.

The Benefits of a Seton in Traumatic Insanity.

Editor MEDICAL WORLD:—The case of Dr. Hamer (page 212 June number) is, I think, commencing insanity. A patient of mine, many years since, with a similar experience, although improved by a trip around the lakes (Erie, etc.) finally died insane. I will narrate the history of another case, and if the case were mine I would pursue a similar treatment.

Four years ago last February, I had a case of mild typhoid fever, a man 28 years old. After convalescence was established he became violently insane. The disease had been of a mild character, no family history, and the cause of the mental disturbance inexplicable. He was removed to a private asylum in the city, when I saw him nearly every day with the attending physician. After he had been in the asylum a week or more his wife told me that he had received a blow on the head in December, two months before the attack of insanity. I then requested the physician in charge to put a seton under the scalp at the place of the blow, in the right parietal region. He declined. After a few weeks the patient was removed to the State Asylum at Napa. I made the same request of the physician in charge and he also declined. The patient remained in the asylum until the following November.

He improved so much that he was allowed to go to the town of Napa alone and spent a large part of his time out of the asylum. When he was sent home in November he was supposed to be nearly well.

When he came to the city his wife brought

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him to visit me and on asking him how he was he replied, "Bully, Jesus Christ and I are in partnership and we are going to make a lot of money." He was still insane, only quiet. With his consent I pinched up the scalp over the region of the blow and put in a seton of coarse white silk thread. That was the only treatment. In a month he was perfectly well. The seton remained three months. I could narrate surprising results from the use of a seton in the scalp in cases of granulated eyelids as well as injuries to the head, but I do not wish to use your valuable space. C. B. HUTCHINS, M.D.

712 Post St., San Francisco, Cal.

Non-Retention of Milk.

Editor MEDICAL WORLD:—Referring to the article of Dr. Wm. D. Holmes on page 200, June number, "Non-Retention of Milk," I have a similar case, and read the doctor's article with much interest, hoping to find some remedy for the trouble. In his case it seems to be a family failing, but in mine it is not, having attended her mother and two aunts in several confinements in past years, also her grandmother in several sicknesses, and in one of which she stated she "had nursed for over a year all of her children."

My patient nursed her first, now a boy of three years, her second she nursed only a month and then her milk, which had been plentiful, dried up and the child died at a year old of mal-nutrition. This third seems in a fair way of going the same road, if I cannot help her to retain her milk. Now what I am after is the cause of this leaking away and final stopping. Are the appertures at the nipple patulous?

I am trying compression with a cloth wound round the nipple and an elastic band outside. But she said it hurt her too much to retain it on all the time. From the doctor's communication he has made no effort to remedy it. Is this the only one he has had? Are there other cases on record, and what, if any, successful mode of treatment? To me it is an interesting subject just at present, and I would be under obligations to any of THE WORLD'S *inhabitants* who will put me on the track. Tell me what *has succeeded*; have they *cured* a case, not what to try, for I have tried electricity, cauterization (mild) and compression. Still, without the elastic, it runs off. She, my patient, is a splendid piece of humanity, "made up from the ground." Five feet six inches, weighs one hundred and sixty-five pounds, and as round and smooth as ivory, and to me there seems to be no cause for the defect.

BEN. H. BRODNAX, M.D.

Brodnax, La.

Disease Antagonism Confirmed.

Editor MEDICAL WORLD:—Your editorial in June WORLD on mutual antagonism of diseases did not elicit the responses which the importance of the subject demands. There can be no doubting the antagonism existing between the germ of erysipelas and those of certain cancerous affections. Abundant testimony is borne by eminent authorities to establish this fact beyond cavil. But even in other directions a certain antagonism exists, which being observed and cultivated may work some astonishing changes in our present therapeutics. A case comes to my mind in which a man who had been insane for four years (chronic mania), had an attack of typhoid fever. Throughout the time that there was elevation of temperature the man was fully restored mentally, and we hoped the recovery would be permanent, but the mental aberration returned simultaneously with his recovery from the typhoid fever and no permanent improvement occurred.

I remember several cases of chronic ulcer in neighborhood of ankle which had resisted all treatment, but promptly cicatrized and healed after an attack of erysipelas. Am always anxious to get your journal, it does me a WORLD of good.

J. A. HAGEMANN, M.D.

43 Boggs Ave., Pittsburg, Pa.

Intermarriage of Relatives.—Summer Diarrhea of Children.—Voluminous Text-books.

Editor MEDICAL WORLD:—The following statement may be of interest to those who are discussing consanguineous marriages in the columns of THE WORLD: "The laws of the Roman republic prohibited marriages even between cousins, while the Egyptian nobles almost made it a rule to marry their near relatives. Nearly all the Pharaohs married their own sisters. The wives of the kings of Persia since the time of Cambyses were either their sisters or cousins."

If Dr. Charbonne would add camphorated Dover's powder to his prescription, as given on page 229 of the July issue of THE WORLD, he would seldom, if ever, be under the necessity of resorting to the hypodermic use of morphine in the summer diseases of children. I have never seen any good but have seen much harm result from the use of brandy in these diseases.

Dr. Sanford's interesting remarks on "The Study of Anatomy," suggests the question: How much of anatomy is it necessary for the ordinary every day physician to know? The doctor says: "it is all there (in Gray's) and must all be learned," but in view of the fact that there is not a doctor in America that has yet

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learned it all, the statement must be regarded as rank hyperbole; besides it doesn't look well in a medical journal that has for its motto: "The knowledge that a man can use is the only real knowledge, etc." It is in accord with my experience and observation that most of the anatomy learned from Gray by even our best medical students, "hangs like dust about the brain or dries like raindrops off the stones." Why? Because, having little or no surgery to do, they have no practical use for it. Are our best anatomists and physiologists and chemists also our best and most successful physicians? How would a perfect knowledge of human anatomy enable a physician to treat intermittent or typhoid fever more successfully? I have spent many months of precious time on Gray's Anatomy, yet I believe that our common school text-books contain all of anatomy and physiology it is necessary for the average physician to know, and more than most of them do know. The success of the publications known as "medical compends" is a professional recognition of this fact. The scholastic pedantry that maintains its dignity by means of ponderous volumes of exploded theories, unimportant facts and a dangerous multiplicity of professorships must give place to something more practical. The coming American doctor will not long submit to having his brain crammed with knowledge "that has no life and growth in it," and which "hangs like dust about the brain."

I have read Watson, Wood, Pepper, Flint, Loomis, and listened to lectures based on Flint, all mostly scientific rot if the germ theory of disease is correct, yet I find it more practical and convenient to swear by Hartshorne's Conspectus and a few practical journals. I am in favor of the higher education that carefully eliminates the unessential.

J. W. LOCKHART, M.D.

St. John, Wash.

Reply to Dr. Naftel's Query.

Editor MEDICAL WORLD:—In looking over the pages of THE WORLD for July, I observed a communication from Dr. S. J. Naftel in which he states that in all or nearly all cases marked by nervous debility or prostration of the nervous powers, sexual congress is either to be prohibited or else indulged in very seldom. Again he says, "Nearly all authors give us as one of the causes of such diseases or states excessive venery." Therefore, as the doctor remarks, it becomes the duty of the physician very often, yes, I add always, to advise his patients on this subject. Then the doctor asks the question how often, taking an average man in ordinary health, as a general rule, can he indulge in coition, compatible with his own health and that of his wife. Well, doctor, much has been said and written on this subject, and it has often been assumed and argued, and, not without much power of reasoning, it must be confessed that the sole natural purpose of the union of the sexes is offspring, and that all sexual connection beyond what is required for this purpose is unnatural and improper.

However, be this as it may, it is at variance with the civilized races in practice, and so in accord with the habits of the brute creation that, if true, it would indeed give the latter a higher prominence in this respect over the former than their natural instincts are even now perhaps not unjustly often credited with. The utmost that can be hoped for in the married state is abstinence from injurious abuse. The normal exercise of the reproductive faculty is highly beneficial to both sexes, whilst its abnormal use is terribly disastrous to both, more especially so to the female. Nor is too rigid continence in either party safe or advisable, for the victory over the passions may be purchased at too great a price. Now, I think that we have a natural law given us in regard to the sexual congress. It is this: The highest enjoyable season at which a healthy female desires sexual congress is immediately following the cessation of her monthly periods, and this is the season when the reproductive and amative elements are the more powerfully intensified. Right here, then, we have a natural law by which to be governed, as to the frequency of the sexual congress. Aside from this natural law there are, of course, a variety of opinions; yet nearly all the danger in the case is obviously on the side of excessive indulgence. American writers of repute say once a week as the maximum, unless there is serious constitutional impairment. Solon, the Grecian law-giver, prescribed three times per month. Zoroaster, the philosopher, once a week. Mohammed ordained that if any wife was neglected in that respect it should be a cause for a divorce.

W. F. GRAYSON, M.D.

White House, Florence, Tex.

Prophylaxis for Croup.

Editor MEDICAL WORLD:—I have read many cures for croup and croupal affections, and they all seem to act well; but the best plan I have found is to prevent its appearance at all, and my mode of prevention is to turn the child barefoot during the winter, no foot-wear at all. I have seen children playing on ice ponds barefoot for hours without suffering cold or even having a cold during a winter, while the brothers and sisters with shoes had coughs and colds. Try

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it and you will have no more croupy children to work with when you ought to be sleeping. I have never known it to fail in thirty-five years' practice. P. H. THORNTON, M.D.

Lakeport, Cal.

[We think it would be extremely difficult to secure the general adoption of the measure recommended by the doctor.—ED.]

Infusion of Corn Husks for Malaria.

Editor MEDICAL WORLD;—The article in last number on a remedy for chronic malaria reminds me of the statement of an old friend of mine in 1856. He had been looking after some land interests in the swamps of Louisiana, and having been a sufferer from malaria with enlarged spleen for several years, and the weather being very warm and damp at night, he took on a severe form of fever and went to bed in a poor negro cabin where he was treated by an old negress. She filled an old iron tea-kettle with green corn husks and made a gallon or so of a strong corn tea and made him take about two ounces or one-half of an old teacupful very often. He recovered in about five days and has been perfectly free from it ever since, or as long as he lived. He died of pneumonia three years ago. O. D. NORTON, M.D.

286 W. Fourth St., Cincinnati, O.

Passing the Prescription Around.

Editor MEDICAL WORLD:—Eight months ago I wrote a prescription for dyspepsia, and since that time that same ℞ has been filled for three different persons The first man gave it to the second saying, "It cured me and it will cure you," and the second to the third with same remark. I am going to keep trace of that ℞ and see where it stops. I have always been of the opinion that physicians ought not to dispense their own drugs until last year or two, since which time I have been watching the refilling business, and have almost concluded that the profession ought to dispense their own drugs. It is not so bad when prescriptions are filled for the same party, but to be filled for different ones it is, in my judgment, not right. I notice every few days prescriptions being refilled for other persons than those for whom they were written. I think it well for the profession to consider this matter closely and see if it is best for us to give so much of our hard earned knowledge away or take steps to avoid it. I would like to hear from many of the readers of your valuable journal.

Daykin, Neb. W. A. THOMPSON, M.D.

For Neuralgia of the Lumbo-Abdominal Region of Malarial Origin.

Editor MEDICAL WORLD:—In the WORLD for June, Geo. F. Hunter, M.D., asks for treatment for a case of lumbo-abdominal neuralgia. I feel sure that it is a case of neuralgia caused by malarial poison, and I advise him to read Hammond's Diseases of the Nervous System, seventh edition, page 855, Treatment of Neuralgia.

I suggest that he give his patient quinine sulph. gr. xx to xl in solution, from six to eight hours before the attack is expected, in this case about 7 P. M. *Hot* water drank after the drug increases its effect.

Do not give up should the first trial or the second fail. I have cured several severe cases of years' duration by this method.

H E FERRIN, M D

Oregon City, Ore.

Dangerous Patent Medicine — Medical Progress in Quack Advertisements.

Editor MEDICAL WORLD:—Reading in last No. of *New Idea* an account of a whole family being poisoned by "Piso's Consumption Cure" I was reminded of a similar case which came under my hands sometime ago.

I was called in great haste to see Mrs. J., who all at once had been taken very sick. When entering the room the lady, with an awe-stricken aspect of countenance, exclaimed: "Oh, Doctor, I don't know how I feel; I believe I am going to die." The symptoms which had developed upon taking some of the Piso's cure according to directions on the bottle were: difficult respiration, irregular cardiac action, widely dilated pupils, cyanosis, loss of muscular power, fear of immediate dissolution—in short, the symptoms of hydrocyanic acid or nitro benzol poisoning. Two hours time, with a liberal use of ammonia, brought her around all right, and put an end to the anxiety of the patient, her family and the doctor—and also to these people's confidence in the neighbor-woman's medical prescriptions.

It is astonishing what wonderful feats some "specialists" in our days are able to accomplish.

There came to my office a pamphlet, entitled: "Nervous Diseases, treatise on the use of remedies by the rectum, for restoring vigor, etc., to debilitated men Successful where all else has failed." By Marston Remedy Co., 19 Park Place, New York. On page 30, we find the following: "Phymosis and paraphymosis—both of these conditions are very serious. Both can be quickly relieved and permanently cured by our method of Rectal Treatment (suppositories)."

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Now that beats everything in the line of medical skill I ever heard of and I would suggest, that this Marston Co. try to find out the formula for a plaster, which, by placing it on the tip of the nose will cure corns and bunions. Perhaps they cure them by rectal treatment, too. DR. P. I.

Wilmington, Del.

Editor MEDICAL WORLD:—Kindly permit me to say in reply to Dr. E. M. Wood's interrogatory in the July number of THE WORLD that homeopathic professors everywhere teach that the thirtieth dilution of a drug has curative properties, and yet they must know that if the immensity of space so far as the eye, aided by the most powerful telescope, can reach were filled with water, the quantity would not suffice to carry one drop of tincture without sub-division, up to the thirtieth centesimal dilution.

Portage, Wis. A. C. KELLOGG, M.D.

Editor MEDICAL WORLD:—I wish to inform the doctors of a discovery of ours seven or eight years ago, whether original or not is no matter, whereby those having dropsical patients may instruct them so that they may relieve themselves of a sudden dropsical dyspnea quicker than by all the drugs and surgery combined.

As they are unable to breathe by expansion of the chest and stomach, tell them to swallow or drink as it were a quantity of air, and then, holding the breath, to *strain* hard as if they were going to cough and they will find it drives the fluid away from the lungs so that the relief is instantaneous and complete.

Tampa, Fla. H. RICE, M.D.

Intermarriage of Relatives.—Replies.

Editor MEDICAL WORLD.—If you will refer back to page 151, vol. of 1892, over the signature of "Inquirer," you will find the first article published, to my knowledge, in THE WORLD on "marriage of relatives."

As I wrote that article myself in order, so to speak, "to set the ball rolling," I have taken especial interest and some part in this discussion. I also obtained the opinion of some eminent professional men in Chicago before I left there. No one, I suppose, who read Professor Waugh's reply to my first article, questioned the correctness of his assertion, that there must of necessity be a greater danger of neurotic offspring developing from parents who themselves descended one of the parents of each from a certain neurotic stock. This has been, so far as expressed, admitted by all who have taken part in the discussion In regard to that part of this question of cousin marriages which pertains only to physical and mental vigor, after much thought and comparing notes on this subject, I have come to the following conclusions, viz.: That where difference of temperament or physical organization is marked, it is quite safe and may possibly be sometimes advisable for cousins to marry. Also that the offspring of such unions are, in the first generation just as likely to be well developed if the parents were non-related. However, should this offspring of cousins again marry descendents of the same ancestry, disastrous results would be more likely to occur to offspring, even in case the parents in this successive marriage of cousins were equally unlike in physical organization with the first generation that thus married. This I hold to be a "law of cause and effect" which, however, it is not easy to explain comprehensively I have also become convinced that the children of parents who are cousins will need to exercise greater caution in choosing life partners than children of those parents that were not relatives would necessarily need to exercise. That is, were any of such children to marry non relatives of nearly the same temperament, imperfectly developed offspring would likely be the result. I should be glad to still hear from others on this subject.

Dr. Bailey's case (page 242) appears to me to have been a rapidly developed case of tubercular meningitis. Tubercular disease occasionally develops rapidly.

I would say to Dr. Forshee (page 243) that in my opinion his is a case of ovarian neuralgia. I would recommend that three or four small blisters be drawn over the sensitive ovary by applying that number of cantharidal plasters not to exceed one-half inch in diameter: If first application does not relieve, heal and then apply second or third time if needed. For pain, administer gelsemine, and granules of ergotine for the chronic tendency of disease.

W. C. DERBY, M.D.

White Cloud, Mich.

DOCTOR;—what is the best age in general for weaning a child from the breast, considering the welfare of both child and mother? What effect does season of the year have upon this question? What is the most scientific method of weaning from either breast or bottle including enumeration of suitable articles of food and special reasons why certain ones should be avoided. For manifest reasons, mention of proprietary foods should be avoided.

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Editor MEDICAL WORLD.—I have a case I wish to submit to the readers of THE WORLD. Mrs. W., married, four children, is troubled with sore mouth. Every two or three months she begins to complain of a soreness in region of stomach, and within a few days a crop of angry looking ulcers and spots will appear on lips, cheeks and tongue, which will, after ten or fifteen days, yield to some kind of mouth wash internally. This has been going on for six or more years, and she has been treated by several doctors and has been given potassium iodide, quinine, tinct. ferri chlor., Fowler's solution, and other alteratives; also potass. chlor., bismuth sub-nitrate, acid boric., plumb. acet., mineral acids, hydrogen per-oxide, etc., locally. There surely ought to be a remedy, which if persisted in, would eradicate this trouble from her system. Who can give it. Her health is otherwise good. No history of syphilis, no dyspepsia, except the soreness before the sore mouth commences. No vomiting, pregnancy makes no difference, neither does lactation.

I have to offer my thanks for the rheumatism number. When it arrived I was just convalescing from an attack of inflamatory rheumatism, which I had cut short by the use of alkalies and salicylates, but the next morning, owing to sleeping in a draft, I discovered a complete paralysis of the facial nerve, (Bell's Paralysis), right side, which I attributed to rheumatic swelling of the sheath where it passes through the stylo-mastoid foramen. I treated it by the use of rochelle salts and applications of liniments where the nerve emerges. On the morning of the tenth day I could wink my eye a very little, and could discern traces of wrinkles in forehead. I used electricity for another ten days, when I had completely recovered.

In looking over the July WORLD, I would like to say to Dr. Hiett, p. 236, I learned several years ago from THE WORLD, to use my ether locally. A few weeks ago I was called in the night to a case of hernia, where after using taxis, and tobacco poultice, until it began to grow light, I extinguished the lamp and applied the ether to the scrotum. In only a few seconds it contracted like a uterus, and with a little gentle persuasion, gurgle, gurgle, and with a sigh of relief the patient said "good." Also to Dr. Ward, the same page, I would say I am no lover of a homeopath with his millionth of a grain of an insoluble substance in solution, but I would not criticise him until I knew more of him than to think he meant honey by *apis mel.*

In this connection I would say, the common people here believe a bee sting will cure and prevent rheumatism.

To Dr. White, page 237, I would say, if you study the uses of the knee-chest position in labor, it will help you in many difficult cases, prolapsed cord, malposition of head, uterine inertia, etc.

I cannot agree with Dr. Brown, p. 239, in regard to packing the vagina for retained placenta. I should never, no *never!* leave my patient until the uterus was emptied. I should be afraid of *two* funerals.

Dr. Forshee, p. 243, treat your patient for hysteria. Dr. Johnson's case of anascarca was peculiar. I saw a man tapped for anascarca once, and instead of three gallons the doctor got nearer three drops.

I tapped a lady once (a preacher) in my student days who had the operation of paracentesis abdominalis performed fifty-seven times. She had got so used to it that she carried her trocar and canula with her, and if there was no physician near she would tap herself.

Dr. Hankins, look in the index of any standard work on surgery.

Vernonia, Oregon. C. H. NEWTH, M.D.

Oleander as a Heart Tonic.

The ornamental plant, *nerium oleander*, has made its debut in the domain of medicine as a valuable remedy in affections of the heart, with rapid, irregular and feeble pulse, and also in ailments in which a diuretic action, similiar to that produced by digitalis, is desired. It is given in doses of ten to twenty drops of a ten per cent. tincture, one to three grains of the powdered flowers, or an infusion of the fruit. Its earliest toxic effects are those of violent irritation of the gastro-intestinal tract. When the drug has been given for some weeks, the therapeutic effects persist for ten to fourteen days after it has been discontinued.

DOCTOR:—What methods of feeding are especially favorable to the cure of constipation? What in cases of acute diarrheas? In chronic diarrheas? In dysentery? Untried theories are of but little value, but reasons for views expressed and actual results of experience are especially valuable. Let us hear from you before September 5th for the Food, October, number.

DOCTOR:—Have you any reason for controlling the feeding of epileptics? Also, what is your method of feeding in the exanthematous fevers? Have you found any disadvantage from unrestricted feeding in the case of convalescents from acute febrile diseases? Send your ideas, for the benefit of your professional brethren, by September, 5th for the October, Food number.

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Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Editor MEDICAL WORLD:—In March, 1892, I was called to see a little girl five years old suffering from abdominal pain. I prescribed for her and she was promptly relieved. Two days afterwards I was sent for again, and found her suffering intense agony; gave her an anodyne and when relieved gave a mild purgative of calomel, ipecac and soda, which acted freely. I saw her the next day and she seemed entirely relieved. There was no swelling of the abdomen or soreness or pressure at any time. Some days afterward I was called again; found her feverish and restless, and acute pains at times and abdomen very hot. The trouble I diagnosed peritonitis, treated as usual, and she made a very rapid recovery. Some two weeks afterward my attention was called to her abdomen becoming enlarged. She swelled very fast, the swelling extended to her legs, arms and face, which became enormously distended. Put her on infu. digitalis and potass. bi-tart, which reduced her very fast. She again filled up, and then asked Dr. Perkins, of Chestertown to see the case with me. We succeeded again in reducing her to her normal size. She has again filled but this time only her abdomen and feet. Her appetite is good and she is very cheerful. The first of May, 1893, I sent her to the hospital. She returned in three weeks without receiving any benefit. Her case was pronounced there amyloid liver. After she came home, I tapped her and drew off four gallons of water. There seems to be no trouble about the liver, as it responds freely to medicines. The kidneys act freely, no sugar or albumen in the urine (S. G. 1018).

The question is, what is the trouble? Am I right in my first diagnosis? If some brother physician, who has experience in such cases, will write me, I will greatly appreciate the favor. Also write me through THE WORLD.

Church Hill, Md. S. P. ROBERTS, M.D.

Editor MEDICAL WORLD—I would ask of the brothers of THE MEDICAL WORLD what will remove urine spots from gray cloth.

S. H. COWDEN, M.D.,
Morrilton, Ark.

Editor MEDICAL WORLD;—Will you kindly through the medium of THE MEDICAL WORLD, acquaint its readers with the nature of the so-called "Keeley cure" for the tobacco habit? Not alone this, but solicit an expression of experience in the treatment of this habit, the victims of which should not be allowed to drift into quackish hands for relief. Why should we allow these cases of liquor habit, tobacco habit, etc., which belong legitimately within our province, to turn their faces away despairingly from the uninviting apathetic attitude of the goddess to whom it is natural for them to look for relief from all physical ills to find a welcome in quackdom? It is a reproach upon us, of which we are not worthy as medical men, and reflects great discredit upon our art. Let every physician in the land immediately make a study of these *lucrative* diseases and, while gathering the glory for medicine, deal a death blow to quackery. The Keeleyites have taught us a lesson, let us profit by it.

Rutland, Vt. DR. STROBELL, M.D.

Editor MEDICAL WORLD:—Patient is past forty-three years of age, and is a clergyman. Over eighteen years ago he was stricken down with passive congestion of the brain and deranged stomach. Recovered partially from that sickness, but has been rather debilitated and generally "used up" ever since. He is troubled with defective hearing, accompanied with constant buzzing, roaring, and hissing noise in the head. Head generally painful, with a full and throbbing sensation therein. Pain in back of neck and head, over chest, stomach and in left side about lower ribs. Sometimes dull, dragging pain over entire body, with a numb feeling. Pulse feeble, ranging ordinarily from forty-four to fifty-four, occasionally reaching sixty and falling as low as thirty-six.

Stomach sore to external touch, and very nauseous all the time; especially so when awaking in the morning, or during the night. Does not vomit any. Had three or four abscesses in stomach, causing matter, and latterly blood, to be spit up. Patient constantly "raising" much tenacious mucus and frothy phlegm from stomach and throat.

No falling of mucus from head into throat. Heart feeble and weak. Occasional pain over the region of heart, but generally starting from place alluded to in left side.

Circulation sluggish, spells of chills, swelling of hands and feet and under eyes, irritable bladder, scanty urine, bowels constipated, tongue coated with white and yellow covering generally, liver torpid, back weak and painful, appetite variable, and a general emaciated condition.

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Present treatment: Hydrocyanic acid dil., tr. cardamon comp., aromat spt ammon., tr. zingiber, spr. chloroform. Papoid, Pancretin, soda bicarb. J. L. BROWN, M.D.

Pleasant Unity, Pa.

Editor MEDICAL WORLD:—I have been a subscriber and thankful reader of THE WORLD for about five years, and am indebted to it for many good suggestions. Under pressure of an appeal for help from a friend, I have gone carefully over the indexes of the last five years for prescriptions for the opium habit. Will you or our faithful adviser, Dr. Waugh or any of your numerous readers come to my aid with suggestons of tried remedies or methods of successful treatment. Patient about forty years of age; has been using tr. opii for about three years.

Having access to a drug store, began to use it of her own accord for painful dyspepsia Has been trying to give it up for some time, without success. Suggestions will be eagerly looked for and thankfully received.

Yours sincerely,

Stroud, Ont. D. GOULD, M.D.

[See article of Dr. Chapman in this issue.—ED.]

DR. F. L WISDOM. of Texarkana, Ark, writes as follows:—"I am tired of drug stores. The members of the medical profession are 'hewers of wood and drawers of water,' for drug stores and vendors of proprietary articles. If you can get the ear of the busy practitioner, get him to pause and consider. It would be an easy matter to get him to see that it is to his interest to adopt the dosimentric or granule system, or some other convenient method of carrying his own drugs. I have been a little slow, though quite awhile ago convinced that the wise thing for the profession to do is to adopt the granules, and furnish medicines to our patrons on the spot, charge them a small amount and save them the large drug bills they have to pay by the old plan of giving prescriptions. This is the secret of whatever success the homeopaths have."

We find the following remarkable expression in the editorial columns of the *Kansas Medical* Journal.

"According to the therapeutic law, a drug, whose specific medicinal effects can be secured by one dose, cannot modify or effect a structural change. "Neurotics never affect the structure, but the function of an organ."

Current Medical Thought.

The Treatment of Malaria by Means of Potassium or Sodium Nitrate.

Dr. Peter Buro, in *Deutsche Med. Zeitung*, having experimented with the above salts in the treatment of malaria, reports the following:

1. The nitrate of potassium and the nitrate of sodium are specific remedies in typical malarial intermittent, whether it assumes the quotidian, tertian or quartan form.

2. Both salts manifest an exact action, but the sodium salt has the advantage of being free from the slightly toxic effect of potassium.

3. The usual single dose for adults is from 15 to 24 grains, which may be given in either the febrile or afebrile stage.

4. A decided advantage of these salts is that they exert no ill effects upon the digestive organs or nervous system, nor do they produce any untoward results.—*Kansas City Med. Record.*

Cornutine in Spermatorrhea. — Drs. BOKAI and MEISELS. (*Sem Med.*, 1893; No. 27.)

These physicians claim to have successfully treated 27 cases of Spermatorrhea by the internal use of Cornutine Citrate in doses of 3–6 milligrammes [$\frac{1}{20}$ – $\frac{1}{10}$ grain] a day. The affection was of various forms: excessively frequent pollutions, seminal loss during defecation or micturition, continuous discharge, etc. The quantity of semen lost by the patients varied from 1 to 8 grammes [15–120 min.] a day. The discharge decreased, under the influence of the cornutine, from the 2d or 3d day on—6 to 8 days' treatment sufficed, in the majority of cases, to stop the trouble altogether. In grave and inveterate cases, the use of cornutine had to be continued for several months. All of the patients were ultimately cured, and always bore the treatment well, it is reported.

Cornutine thus appears to be an excellent remedy against spermatorrhea,—at least, against the ordinary paralytic form; but it seems, according to Meisel, to be powerless against spasmodic spermatorrhea.—*Amer. Med. Surg. Bulletin.*

Creolin in the Summer Diarrheas of Children.

We read in medical literature of the day of variously described treatment of children in cholera infantum, summer diarrhea and dysentery, nearly every teacher in this branch of medicine recommending medication per mouth and stomach, with at most some laudanum or alkaline injection per rectum. Having been dearly taught a lesson in this old line of treatment by

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losing my own child, I wish to add my mite, especially at this time of year when so many of the little ones suffer from intestinal diseases.

It is not my purpose in these few lines to go into any detail of treatment in these diseases, but simply to call attention to the antiseptic treatment by creolin in some of the most fatal diseases of childhood. To be brief, we have here bacteria as a cause of the disorder, and hence their destruction means a cure. As they are almost entirely confined to the intestinal canal, our indication for treatment is simple, provided we have an agent that can be safely introduced where they inhabit and will accomplish their destruction. These qualities we have in creolin. Being called to a case of any of the above mentioned diseases, I lay the child on the abdomen and flush the bowels with a warm alkaline solution from a fountain syringe; this done, I repeat the injection with ʒss to ʒi of creolin to the pint of sterilized warm water. The vomiting will cease at once and nourishment be retained by the stomach. I usually flush the bowels several times with the alkaline solution during the first twenty-four hours; if the diarrhea has not ceased entirely at this time, the creolin injection is repeated. I have never seen a case where a third injection with the creolin was necessary. I have been called to patients apparently hopeless when other physicians were in attendance and treated by the old method, when one or at most two of the creolin injections would rescue the life of the little ones, as if by magic, nor have I lost a single case since using this remedy.—F. L. NORIN, M.D., Ada, Minn., in *North-Western Lancet.*

Some Otological Points.

That the ear is more sinned against by acts of commission than of omission in the treatment of its diseases, says Dr. Chas. M. Shields, is a statement that will be agreed to by most specialists, and may serve as an excuse for the negative title of these remarks.

Firstly. *Don't syringe the ear except for a purpose.* That is, do not use the syringe on general principles with every patient that complains of his ear, but restrict the use of the instrument to its legitimate purpose of removing extraneous matter such as foreign bodies, wax, pus, etc.

It is too often the case that patients are directed to syringe their ears because it is easier to give such advice than to make a diagnosis. Warm water is not a panacea for all diseases of the ear, and it is as important to make a diagnosis here before applying remedies as it is in the treatment of other organs.

Should the family physician not always have an ear speculum and mirror with him, a truncated cone of stiff paper will answer for one and an ordinary hand-glass for the other. With their aid, and, after the auditory canal has been cleansed by the proper use of warm water, it can be determined whether the syringing can appropriately be continued for the removal of products of suppuration, or as the medium of conveying antiseptic agents to the parts, or for the poultice-like effect of the hot water; or whether its continuance would not rather do the harm that not infrequently results from its softening and soddening effect upon the drum and other tissues. Eczema, for which the auditory canal is such a favorite site, is confessedly made worse by the application of moisture, and yet I suppose that out of every twenty such cases that I see, syringing has been suggested in nineteen of them. In long-continued inflammations of the walls of the auditory canal and the drum, unless there are discharges to be removed, the constant use of water soddens the tissues and makes them an easier prey to inflammatory processes.

Secondly. *Don't use instruments to remove foreign bodies from the ear until the syringe has failed.* The ingenuity that has been displayed in inventing instruments for the removal of foreign bodies from the ear is worthy of a better cause. A well-directed stream of warm water will accomplish the desired result in the vast majority of cases.

Not with the so-called ear-syringe, however, that is commonly sold in the drug stores, that has its head rounded into a bulbous extremity, which effectually prevents your directing the stream to any particular place, but with an instrument that will hold at least four ounces and that has a long tapering nozzle which will permit you to throw the water along the wall of the auditory canal which permits its easiest flow behind the foreign body.

Some of the suggested appliances have been of the gimlet order, and, while being screwed into the foreign body, pushes it through the drum. A form of lever in the hands of an experienced person is often an effective and safe instrument, but if carelessly used may do great damage to the walls of the canal. While slender forceps are useful when the object to be removed is not large, they are useless when most wanted because of the lack of space for their introduction between the foreign body and walls of the canal. Where the syringe fails, perhaps the most satisfactory and safe instrument is a loop of silver wire gently insinuated around the foreign body.

Thirdly. *Don't consider and speak of all*

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pain in the ear as a neuralgic earache. Are not physicians largely responsible for the laity considering inflammatory pain in the ear as a neuralgic earache? Ninety-nine per cent of our patients so describe it. As we all know the fact is that nearly all pain in the ear means *inflammation* there—acute, catarrhal, or purulent inflammation of the middle ear that may rupture the drum, impair hearing, or extending into the mastoid, result fatally. Or else inflammatory processes in the auditory canal that, while not serious in their results, are usually attended by several days of acute discomfort.

Pain in the ear is rarely neuralgic in character, and is no more properly described as *earache* than would be gastritis as gastralgia or peritonitis as belly-ache.

This misnomer often lulls the patient into a false sense of security that is only dissipated when he discovers that he has a resulting ruptured drum and that his hearing is permanently impaired.

Fourthly. *Don't prescribe sweet oil for pain in the ear.* In the first place, it does no good. The sense of comfort which may follow the use of any warm liquid poured in the ear may be obtained just as well by a harmless one.

Sweet oil or any vegetable or animal oil may undergo decomposition and make favorable soil for the growth of aspergillus or other vegetable fungi which may be most destructive to the organ. Then it gums up the canal and interferes with examination subsequently.

Fifthly. *Don't lose sight of the fact that the auditory canal and external surface of the tympanum is not an absorbing surface.* If you do, you will often be disappointed in the effect of agents prescribed to be dropped in the ear. The lining of these parts being a continuation of the skin does not possess the absorbing properties of mucuous membranes, and agents are sparingly, if at all, taken up. If there be an exception it is with the combination of atropia and cocaine—one grain of the former and six of the latter in two drachms of water. This should not be used, of course, where a perforation of the drum is known to exist or where an otorrhea would suggest a perforation, as an excessive quantity might find its way to the throat through the eustachian tube. Six or eight drops of this solution instilled warm into the ear often relieves pain to a marked degree. As a rule, however, absorption of remedies in the auditory canal is so limited as to make their use very unsatisfactory.

Sixthly. *Don't tell your patient that it is dangerous to stop an otorrhea.* This injunction would seem an unnecessary one were it not for the fact that scarcely a day passes that some patient does not give as an excuse for the neglect of an otorrhea of years' duration that his doctor told him it would be dangerous to stop it. As well consider it dangerous to stop a gonorrheal flow or a leucorrheal discharge!

Purulent discharge from the middle ear means the continuance of inflammatory action there with the resulting damage to the parts and the added danger of extension into the mastoid process.

To neglect to treat the cause of an otorrhea is not only to sacrifice the sense of hearing without an effort, but is endangering life, as is evidenced by the refusal of life insurance companies to accept as risks individuals having a chronic discharge from the ear.—*Medical and Surgical Reporter.*

Antiseptic Treatment of Typhoid Fever.

The internal administration of antiseptic agents has given me good results. Following the line laid down by Dr. E R Maxson, of Syracuse, N. Y., in the *Medical Index*, some years ago, I have made frequent use of sulpho-carbolates of zinc and sodium, giving the drugs every four to six hours, in doses of five grains each. Sometime ago in the *Medical Index*, Dr. T. M. Wilson, of Thornton, Texas, reported admirable results in the treatment of typhoid fever by nitrate of ammonia. Supportive and other necessary measures are supplemented by:

R Ammonii nitratis.....drams ij
Lix. potassii arsenitis...fluid drams j
Aquæ distillat.....fluid ounce iij
M. Sig.—Teaspoonful every three hours

This also has given the very best satisfaction. Of course no one claims that these antiseptics will really abort an attack of true typhoid fever, but they certainly do prevent the appearance of septicemic symptoms, and in most cases of typhoid we have nothing but a true septicemia after the end of the second week. So when we give these drugs (in conjunction with proper food and baths if indicated) we quite often have our patients convalescent by the third week instead of the fifth or sixth as under old lines of treatment. Salol has been the drug most relied upon next to the sulpho-carbolate of sodium, but any of the antiseptics that exert their influence in the intestinal canal rather than in the stomach will prove satisfactory. When there is much diarrhea I give:

R Bismuthi salicylat.....gr. xij
Salol.....scrup es i
Pulv. opii.....gr. ij
M. et. ft. pulv. no iv. Sig.—One every 4 hours.

I try the prescription first without the opium, then with it if the fetid discharges still continue.

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Under this line of treatment only two of my cases died, one from perforative peritonitis, the other from œdema of the lungs. In the first case I should have called a surgeon to make a laparotomy had I been notified of the condition early enough; but rupture took place about mid-night and I was not summoned until near 10 A. M., when the subject was too near dead to warrant surgical interference, which is the only rational treatment of perforative peritonitis.—C. H. Majors, M. D., of San Francisco, Cal., in *Kansas City Medical Index.*

Reginald Harrison believes that "urinary fever"—*i. e.*, the fever following operation on the urethra, or the passage of a sound—is due to defective urine drainage; the urine is already infected strongly with bacteria, because of retentions, etc., and so as the result of the wounding of the urethral mucous membrane there is set up a fever that is toxic and not neurotic as some have claimed. A practical deduction from this is the urgent necessity for strictest antiseptic measures in all urethral and vesical operations—particularly in the use of catheters. Before operations the urine should be sterilized by boric acid, salol, etc., internally and solutions of bichloride of mercury locally. —*Ib*

A Protective for Rabies.

Professors Tizzoni and Cattani, of Bologna, report that they have been able to extract a protective vaccine for rabies from the central nervous system of rabbits dying from the *viris fixe.* They assert that their viris is both sure in its action and convenient in its application; that it can, in fact, be administered by any one.—*Medical Age.*

Importance of Examination of Alvine Discharges.

While the bowel-discharges of infants are frequently inspected, physicians are apt to neglect this examination in the case of adults. Dr. G. Betton Massey calls attention to the value of this information, and reports three cases of prostration and chronic invalidism, which were supposed to be due to disease of the uterus and ovaries, but which proved to be instances of desquamative enteritis. One of these had been treated for fifteen years for ovarian disease by one of the most prominent practitioners in the country, and another had also been mistakingly diagnosticated and treated for five years without the true nature of the disease being suspected. A study and examination of the stools, which he invariably makes in obscure cases, revealed the true character of the trouble—a chronic desquamative inflammation of some portion of the intestinal tract usually the colon. In another case a pulsating tumor lay in the left hypochondriac region doubtless consisting of thickened membrane and enlarged glands lying over the abdominal aorta. In a third case the pulsation was also manifest. All the cases were bronzed to a varied degree. One was discharged, much improved by the treatment consisting of the nitro-hydrochloric acid, arsenic, external galvanic currents, and regulation of the diet, and two cases are now improving under treatment of a similar character.

His experience in this affection had convinced him that many cases remain undiagnosticated by physicians who neglect to avail themselvds of the signal aid given in obscure chronic diseases by systematic examination of the alvine discharges.—*Food.*

The Opaline Tongue of Influenza.

According to the *Lancet's* Paris correspondent M. Faisans maintained at a recent meeting of the Societe Medicale des Hopitaux that an examination of the tongue was enough to settle the question, often a puzzling one, of whether or not a case was one of influenza. The tongue in la grippe was described by him as of normal size and form; always moist, unless some inflammatory complication was present or imminent smooth and even, the papillæ not prominent. "But the chief characteristic feature of the tongue," the account goes on to say, "is its color, it is the opaline tongue. This opaline coloration is sometimes uniformly spread over the whole lingual surface; in other instances the middle and the base are opaline, the edges and tip being covered with distinct rounded opaline or bright red spots. This pathognomonic appearance may be often noted from the first onset of the disease and may persist for a more or less prolonged period after recovery. Purgatives and emetics do not modify it in any degree.—*Medical Review.*

DOCTOR:—What is your favorite mode of dieting in the various diseases characterized by high fever? Should feeding be kept up throughout the fever stage to guard against exhaustion? Is there much danger in erroneous diet or much to be gained by correct diet? Let us hear from you fully in the October number, devoted especially to dietetics.

DOCTOR:—What is your method of feeding in consumption, malarial affections, Bright's disease, nervous diseases, heart diseases, and the degenerations, as cancer, fibroids etc? Let us hear from you in the October "Dietetic" number of THE WORLD.

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Preventive Treatment After Exposure to Gonorrhea; and Treatment of the Disease.

After an exposure to gonorrhea if the patient can be seen within a reasonable length of time, (a few hours) the following method will in a great many cases, give splendid results.

Irrigation of the urethra for two or three minutes at a time, and repeated once or twice, with a bichloride solution of 1-10,000, or 1-20,000, and the glans-penis, prepuce, and body of the organ bathed in the same strength solution or one of 1-6,000 or 1-8,000, will prevent many cases from developing.

In several cases which have come under my treatment, after the disease had been in progress for two or three days, I prescribed salines and copaiba, internally; injections of bichloride 1-10,000 or 1-20,000 to be repeated two or three times a day and followed immediately with

R. Zinci sulphatis.....gr. vj
Bismuth. sub nit..... ...drams ij
Gum. acaciæ .....drams ij
Aquæ destl.....ounce jij
Misce. Sig.—Inject 3 times a day.

Edward A. Lee, M.S., M.D., Odessa, Mo., in *Kansas City Medical Index.*

"Peach Fever."—An Occupational Disease.

This name has been given to a cutaneous irritation, with fever, not infrequently seen among the employes in the fruit-packing and canning establishments of Maryland and Delaware. A paper by Dr. C. L. Anderson, of Hagerstown, Maryland, is published on this subject in a recent number of the *Maryland Medical Journal.* Dr. Anderson divides the cases into two varieties: First, the psychotic variety, marked by mental exaltation, ideas of grandeur, seen in persons having a lively imaginative faculty; second the true peach fever, caused by contact with the fruit when it is being picked and made ready for market. This variety is defined as "a morbid condition of the respiratory and cutaneous surface, with some consequent systemic disturbances, due to irritation from the pubescence of the skin of the common peach—*amygdalus Persica.*"

The Schneiderian membrane first becomes irritated and tumefied, and yields a large flow of serum and mucus. The frontal sinuses, the conjunctivæ, and the large bronchi may take on, by extension, the same kind of disturbance; cough and asthma may be excited in susceptible subjects. On the skin, the chief display of this amygdaline inflammation will be found about the wrists, forearms, neck and forehead, It commonly begins and ends in a macular or papular eruption, but it may go on to a true dermatitis and to pustulation. The febrile rise may be as high as two degrees, which may be taken to indicate the amount of systemic discomfort induced by the respiratory and cutaneous irritation. Thin skinned and neurotic young women suffer more and longer than the pachydermatous men and the older women. The more experienced workers seem to become proof against the irritant after some years in the business. There is no evidence to show that the disorder is contagious.—*New York Medical Journal.*

Turpentine in Typhoid.

Turpentine is a good stimulant to the sympathetic, for under its use the mouth becomes moist and the tympanites relieved. If the secretions of the intestines, both mucus and serous, be aroused by turpentine (which we assume to be a fact), the gentle vermicular action is facilitated, and as a result the gases are either not generated, or else they are expelled or absorbed, and the pliant coat of the bowel is not so subject to extensive ulceration and inflammation.

The proper amount of turpentine in any case has to be determined by the effect it has in that particular case, for the state of the secretions is the guide to the amount used. It is well enough to bear in mind that turpentine sometimes deals harshly with the kidneys and brain, and in some instances it seems to be poisonous to the whole system and cannot be borne at all. When such is the case, its bad effects may be overcome by combining it with other suitable remedies. For example, the following will illustrate:

R Spirits turpentine .....dr. iss
Po. acaciæ.....
Sach. albæ.....aa dr. ii
Tr. opii camph.....
Listerine.....
Aq. camphoræ.....
Aq cinnamomi..... .....ss oz. i
M. Ft. Emulsion.

The opium, benzoic acid, ol. anise and camphor protect the kidneys, and at the same time the opium and camphor support and quiet the brain and nervous system. The listerine keeps the stomach in good condition, while the eucalyptus it contains acts as a febrifuge tonic.

With turpentine as the chief, and the other named remedies to corroborate and correct, I find to be good medication in typhoid.—J. J. Wallin, M.D., Oliver Springs, Tenn., in *Southern Med Rec.*

DOCTOR:—What is your method of feeding in the various chronic diseases, as rheumatism? Let us hear from you in the October number, devoted to the subject of Feeding.

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The Annamite Arrow Poison.

Concerning this poison Paul Mimande, long time a civil officer in Tonquin, writes as follows (in his entertaining *Recits Annamites*): "You may be walking along a path, remote apparently from danger, when your foot touches a thread stretched across the way, and instantly you become the target of a flight of poisoned arrows, shot from an Annamite infernal machine hidden behind a tuft of brush a few yards away. If the apparatus has been set for some time, and exposed to changes of the weather, there is a chance that the poison has lost a part, or even the whole, of its virulence; but if it is of recent preparation, God help you! Death is certain, but while always deadly, the poison (or poisons) acts with varying rapidity. Sometimes the slightest scratch is quickly mortal, death ensuing with almost lightning rapidity, while at others it comes on slowly and horribly.

"One of the coolies accompanying a column of which I was a member, was wounded by an arrow from one of these infernal machines, and expired in his tracks almost immediately. Behind him marched a French soldier who also was struck by an arrow, which made the merest scratch. He laughed and marched gaily on. In about a quarter of an hour he began to experience a strange lassitude, which rapidly increased until it became absolutely invincible. He sat down on the roadside to rest, but in a few moments he expired in the arms of a comrade.

"Captain Hugot, of the Zouaves, was in close pursuit of the famous Thuyet, one of the most redoubtable, ferocious, and cunning of the Black Flag (Annamite pirates) leaders, the man who prepared and executed the ambuscade at Hue. The captain was just about to seize the person of the young pretender Ham-Nghi, whom the Black Flags had recently proclaimed sovereign of Annam, when he was struck by reveral arrows, discharged by the body-guard of Ham-Nghi. The wounds were all light, scarcely more than scratches, and no evil effect was feared at the time. After a few days, however, in spite of every care, the captain grew weaker, and it became apparent that he was suffering from the effects of arrow poison. He was removed as quickly and as tenderly as possible to Tanh-Hoa, where he died in horrible agony a few days later, in spite of the most scientific treatment and the most assiduous attention."—*National Druggist.*

Prof. Keen says a good point to bear in mind in diagnosing a case of chancre is that you will never find chancres on the walls of the vagina, as they always appear on its outlet.

Class-Room Notes.

(From College and Clinical Record.)

Prof. Hare thinks Hoffman's anodyne is the best carminative.

Prof. Wilson considers intemperance a predisposing cause of cholera.

Quinine, Prof. Hare says, is above all others, the antiperiodic drug.

Prof. Hare says glycerine introduced into the blood will cause convulsions to ensue.

Prof. Wilson says the comma bacillus of cholera is very seldom present in the vomited matter.

Prof. Wilson thinks that cold should not be applied too frequently in the earlier stages of smallpox

Prof. Wilson says that Pleurisy is a very rare complication to be met with in cases of diphtheria.

As a rule, Prof. Graham says, children vomit more frequently in cases of appendicitis than adults.

To stop the oozing of blood from bone Prof. Keen uses a paste made of carbolic acid, salicylic acid, and white purified wax.

It is strongly claimed by Prof. Keen that every punctured fracture of the skull should be trephined.

Prof. Parvin recommends the administration of morphine and the inhalation of chloroform in cases of tetanus of the uterus.

Prof. Hare says that squill should not be employed as an expectorant in the first stages of bronchitis, but only in the second.

Nitrous acid will give better results, according to Prof. Hare, in cases of choleraic diarrhea than nitric acid.

Prof. Graham says that in cases of appendicitis, if the pain be excessive, heat or cold applied externally will often relieve the pain.

Prof. Hare says the bichloride of mercury will give very good results in mucous diarrhea in children, when not due to any digestive disorder.

In order to get the full effects of quinine in cases of malaria, Prof. Hare is of the opinion that it should be preceded either by a dose of calomel or podyphyllin.

In cases of either angina pectoris or aneurism, according to Prof. Hare, the best drug that can be employed in their treatment is Hoffman's anodyne.

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Prof. Parvin is of the opinion that not more than one case in two thousand is unfavorably influenced during labor by the presence of fibroid tumors in the uterus.

Appendicitis, says Prof. Graham, will be found to be of rare occurrence in early periods of life, particularly between the ages of ten and thirty.

In examining the urine voided by a patient suffering from yellow atrophy of the liver, Prof. Wilson says the amount of urea will be found to de diminished considerably.

If the first and second stages of labor be very rapid and painful, as a general occurrence, Prof. Parvin says, the third stage will generally be weak.

Prof. Wilson says that severe attacks of typhoid fever will often be followed by an attack of myocarditis, but the latter disease will often not manifest itself until years after.

In the sub-acute stages of inflammation of the kidneys, Prof. Hare is in the habit of administering internally tincture of cantharides.

Dr. Da Costa recommends the following as a cauterizing agent for the uterus:

R. Tinct. iodinii.....p. ij
Brominii.....p. j
Acid. carbolic.....p. lv. M.

Prof. Hare says that croton-choral will relieve pain in most cases where it is due to neuralgia of the fifth nerve or one of its branches.

Prof. Keen says that an attack of syphilis conveys an immunity to subsequent attacks, though he has known in some very few instances reinfection to occur.

Prof. Hare says that if boils, when beginning in a small pustule or papule, with an inflamed zone, are painted over with collodion they would be aborted.

Prof. Parvin does not favor the rupturing of the membranes in labor cases, unless there be some immediate cause that would necessitate such a procedure, as delayed labor, etc.

Frequent micturition in children, says Prof. Graham, is often due to a reflex action caused by some trouble either in the anus or rectum.

Such headaches as are due to the food remaining in the stomach too long before being digested, Prof. Hare says, will often be given great relief by the administration of nux vomica.

Prof. Da Costa is of the opinion that, as a rule, indiscretion in diet. in cases of typhoid fever, will not cause a regular relapse of the disease. He says it may cause an increase of the diarrhea and intestinal symptoms.

Prof. Keen says that every medical man should be suspicious of any sore that may make its appearance on his fore or middle finger, lest it be a syphilitic sore, contracted perhaps, in some obstetrical case.

Prof. Keen says that if it be found. that a patient will not bear any preparation of mercury internally the next best mode of procedure will be to apply mercurial inunctions or give mercurial baths.

Prof. Hare says that when intestinal hemorrhage occurs in cases of enteric fever, ice should be applied over the region of the abdomen, and Monsel's salt in pill form should be given internally.

For a case of gastric neurasthenia Prof. Wilson prescribed:

R. Cannabis indicæ.....gr. 1-6
Strychninæ sulph.....gr. 1-60
M Ft. pil. To be taken after meals.

Prof. Hare recommends chloroform in cases of abdominal pain. He says that he knows no other drug that will relieve these pains so effectually as this, when given internally and in medicinal doses.

Prof. Hare says in cases of enlarged glands which have not yet gone on to suppuration. much good will often result from injecting five to ten minims of a two per cent. solution of carbolic acid into such glands.

For anemia Dr. Wirgman recommends the following:

R. Acid. hosphoric. dil.....min. x
Tinct. ferri chlorid.....min. xx
Strychninæ sulph.....gr. 1-10 1-40
M Sig.—This to be taken in one dose three times a day.

Prof. Hare says that in cases of inflammation of the breast, even where pus is beginning to form, belladonna will give very good results if given internally to a large extent and also applied locally.

Prof. Hare says in cases of intestinal hemorrhage occurring either during or after an attack of typhoid fever, Monsel's salt and not Monsel's solution should be given, as it is decomposed in the stomach.

Dr. A. Hewson says that a force equal to 183 pounds can be employed in stretching the great sciatic nerve without causing it to break during the process of stretching, but any force above this amount is dangerous.

Prof. Hare says that in cases of acute catarrh occurring in children, and which affect the stomach and the whole alimentary canal

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and in which there is a slight rise of temperature, tartar emetic will be found very useful.

If a child die in the uterus, Prof. Parvin says the mother will not manifest any unfavorable symptoms, unless air enters the uterus, in which case putrefacation takes place with all its unfavorable symptoms, particularly diarrhea and chills.

Prof. Eschner recommends the following prescription in cases of epilepsy:

R. Sodii bromid.....gr. v
Ammonii bromid.,
Potassii bromid.,
Potassii iodid.....aa gr. viiss.
M Sig.—To be taken in one dose, once a day.

Prof. Hare says that ipecac should be employed in the early stages of bronchitis on account of its sedative action on the mucous membrane and its power to promote secretion. It should be combined with potassium citrate.

Prof. Hare says, in cases of persons suffering from vertigo, associated with hyperesthesia of the scalp and headache, relief will often be obtained by the taking of twenty drops of the fluid extract of ergot and from five to ten grains of the bromide of potassium three times a day.

In cases of acute laryngitis Dr. Jurist says the best treatment in the early stages is the application of cold, but during the later stages, when resolution has begun to take place, then heat should be applied in order to cause exudation and resolution to take place more rapidly.

Prof. Hare says that iodide of potassium will be found to be best adapted not to the acute stages of rheumatism, in which the joints are gererally very hot and painful, but to the subacute stages, in which the joints are swollen and the return to the normal condition seems to be very slow.

Prof. Wilson recommends the following application in cases of diphtheria:

R. Ol.. eucalypti.....dram j
Sodii benzoat.....dram j
Sodii bicarb.....dram ij
Glycerini.....f ounce ij
Aq. dest. q. s. ad.....pint j
M Sig.—Apply with an atomizer to the throat every half to one hour.

Prof. Hare recommends the following prescription very highly in cases of serous diarrhea:

R. Tinct. opii camphorat.....f ounce j
Acid. sulph; aromat.....f dram ij
Ext. hæmotoxylii fluid.....f ounce j
Syr. zingiberis., q. s. ad.....f ounce iij
Sig.—A teaspoonful every hour or two.

Prof. Da Costa does not believe that the true cause of the relapses in persons convalescing from an attack of typhoid fever has been discovered yet. He is of the opinion that it is due to a repoisioning of the patient by the germs still contained in the intestines.

Hydrochloric acid, Prof. Hare says, should not be administered in all cases of dyspepsia. It is indicated only in those cases in which dyspepsia is due to the food not being digested for some time after it has been partaken of, and fermentation sets in before digestion is accomplished.

Prof, Parvin says the fluid in a case of Polyhydramnious should not be permitted to escape in a sudden gush, but it should be allowed to flow out slowly, as there is great danger of the gush rendering the presentation of the fœtus unfavorable, or that the uterus may not begin its contractions.

Prof Hare recommends the following pill in cases suffering from chronic urethritis, anemia, and debility:

R. Oleo-resinæ copaibæ.....dram j
Oleo-resinæ cubebæ.....gtt. iv
Ferri et ammon. citratis.....gr. xx.
Ft. pil x.
M Sig.—Take one three times a day after meals.

Prof. Graham says that children suffering from acute attacks of rheumatic pains, which are in themselves not serious nor by their duration apparently requiring urgent treatment, should nevertheless receive prompt medication, on account of the great danger of their developing in later years valvular diseases of the heart.

Prof. Hare says iodine will be found to be of great value in cases of chronic bone disease. It should be applied about the affected parts, either as an ointment consisting of one-half iodine and the other half lard, or the pure tincture of iodine can be applied locally. If anemia exists, which is very often the case, the syrup of the iodide of iron should be administered internally.

Dr. J. Hearn says that in performing any flap amputation care should be taken to see that the posterier flap be made at least one inch longer than the anterior, for the reason that the posterior flap will retract; and when union takes place it will be found to have taken place posterior to the median line, instead of in the median line, if the posterior flap has not been made longer than the anterior.

Prof. Wilson, in speaking of the contagious power of diphtheria, cited a case of the son of a gravedigger who transferred from one grave to another the bones of some children who had died of diptheria four years previously. Soon after he was attacked with diphtheria. He was the first case that had occurred in the vicinity since the previous attack.

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Prof. Wilson says that in cases of œdema of the larynx and attended with moderate constitutional reactions, he has obtained the best results by the administration of opium in such preparation as Dover's powder or like composition; but as soon as any favorable symptoms manifest themselves, the dose should either be reduced or the interval between the doses increased.

Prof. Hare says the following pill will often be found very useful in cases of subacute-gastric cararrh accompanied with belching:

R. Oleoresin capsici.....gtt. x or xx
Pancreatin.....gr. xx
Pulv. zingiberis,
Pulv. carb. n. ligni.....aa gr. xl.
M Ft. pil. xx.
Sig.—One, two, or three times a day.

In cases of acute bronchitis, Prof. Hare recommends the following prescription:

R. Ammonii chloridi,
Extract. glycyrrhizæ comp.....aa drams ij.
Aquæ destillat..... q. s. ad f ounce iij.
M. Fiat solutio.
Sig.—Teaspoonful every three or four hours.

Prof. Wilson says that patients who suffer from paroxysms of shortness of breath, often of a serious character, will find almost instant relief from inhalations of amyl nitrite.

Prof. Da Costa says he has never seen a case of phlegmasia alba dolens, or milk leg, a complication that will sometimes appear when a patient is convalescing from an attack of typhoid fever, prove fatal, provided the case is diagnosed early and properly treated. He says when a patient complains of pain in the calf of the leg, and there is tenderness on pressure, he considers it an almost infallible sign of the oncoming of this disease. He recommends the following treatment: Elevate the leg put it at rest. Either apply the extract of witch hazel, or a mixture of lead water and laudanum externally. Keep bowels open, and, if counter-irritation is desired, paint the course of the femoral vein with tincture of iodine. After the patient leaves the bed the limb is to be supported mechanically, as full recovery is extremely slow.

Prof. Wilson recommends the administration of iodide of potassium, beginning with ten grain doses and increasing to twenty or thirty grains three times a day, in cases of rheumatism due to a specific cause which presents gummatous joints, and which has already been treated with mercury.

My Dear Editor:—I still hold fast to my first impression as regards the visiting list and ledger. They are worth to me at least $500 a month. *None as good.* The Medical World is still at the head for general information on the practice of medicine.

A. F. Pattee, M.D.,
94 West Springfield St., Boston, Mass.

Pettenkofer's Theory of Cholera.

Pettenkofer believes that cholera is impossible without the simultaneous action of three etiological factors:—*x*, the specific germ of cholera disseminated by man; *y*, the peculiar and subtle influence of place and season; and *z*, the personal equation as represented by the individual predisposition. These three factors he thinks are equally potent and equally necessary. To the contagionist, and to the majority of those who have studied the cholera epidemics, the factor *y*, or the influence of place and season, is a negligeable quantity, and quite subsidiary to the *x*, or specific germ which, unless the organism be in a state of absolute immunity, once having gained access to the body is alone sufficient to give rise to cholera, On the other hand, Von Pettenkofer attaches the greatest value of importance to the *y*; to him the *x* and *z* are not enough, and unless supported by the presence or existence of his factor *y* are unimporiant.

On October 7, 1892, Von Pettenkofer swallowed one cubic centimetre of a fresh bouillon cholera culture; and moreover, to guard against any possible antagonistic or protective influence of the acid gastric juice, he neutralized it by taking at the same time one gramme of bicarbonate of sodium dissolved in 100 cubic centimetres of Munich water. In order to give the experiment every chance, Von Pettenkofer in no way altered his manner of living or his habits. At noon the same day he consumed soup, eggs, black bread, a salad, some rice-cake, prunes, and coffee with milk. Similarly in the evening he partook of meat, potatoes, cheese, bread and butter, as well as a litre of beer and some alkaline water.

On October 9th or some forty-eight hours after taking the cholera-broth culture, the first symptoms of intestinal irritation appeared. These consisted of borborygmi and some six to eight liquid motions, the appetite, power of working and sleeping remaining, however, good. His condition continued the same during the next three days, the only marked discomfort being some flatulence and loosness of the bowels. So far no remedial measures were adopted; but on the 13th a warm cordial of wine was taken. The diarrhea gradually abated and entirely ceased on the 15th.

All the excreta were carefully submitted to a microbiological examination by competent experts, with the result that comma bacilli were found in large numbess—some of the motions consisting almost of pure cultures, No commas were noted after the 16th. Von Pettenkofer's own words regarding his experiment upon himself are worth recording at this point. He said:

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"Nearly all bacteriologists are agreed that the comma bacilli cause Asiatic cholera, not by penetrating into the general organism through the intestinal walls but by remaining in the bowel, and there elaborating certain products which on absorption give rise to the infection.

What a quantity of poisonous products must have accumulated during those eight days in my intestines from those millions of comma bacilli! And yet I enjoyed good health, I had a good appetite, I experienced no symptoms of auto-intoxication, I had neither sickness, albuminuria, nor collapse; I was able each day to fulfil my duties I concluded that the comma bacilli certainly gave rise to diarrhea, but that they do not cause either European or Asiatic cholera. Had my experiment been performed in Hamburg it might have been, and probable would have, been fatal, because on that day, October 7th, there existed in Hamburg alongside of the Asiatic germ *x* some Hamburg *y* in sufficient quantity to cause cholera, even with a minute quantity of said *x*.—*Practitioner*, March '93.

THE THERAPEUTICS OF THE HOT BATH.—Baelz, of Tokio, reported to the Medical Congress at Wiesbaden (*Munch. med Woch.*, May 2nd) the results of a study of the hot bath made in Japan, where it is much resorted to by all classes of the population. The bath is often taken at a temperature as high as 106° F. The hot bath causes a rise of the body temperature to as high as 104° to 106° F., this is due to absorption of heat, not to storage The frequency of the pulse is increased, and the vessels dilate, losing their elasticity. The hot bath does not weaken or depress. It does not favor "cathing cold," as does the warm bath (98° F. or less). On entering the hot bath hot water must be poured on the head to prevent cerebral anæmia. The hot bath is a derivative remedy, and is indicated in capillary bronchitis and lobular pneumonia. Three or four general baths should be given daily, The hot bath is also of use in rheumatism, nephritis, and at the onset of menstruation when accompanied by uterine colic. Baelz affirmed that at the baths of Kusatsu, where the water contains sulphates and chlorides, the Japanese took daily five baths of three minutes' duration at a temperature of 129° F. (54°C). After six days an exanthem is produced, which resists all treatment, but eventually disappears spontaneously. The baths of Kusatsu are used in the treatment of severe chronic rheumatism, of gout, and of obstinate syphilis, as well as of leprosy.—*British Medical Journal.*

Quoting the Dead Languages.

An intelligent subscriber, of Canada, writes a criticism upon this practice which we prefer to speak of rather than to publish in full, on account of its somewhat personal character. While we desire to preserve the individual style of each writer as far as possible in our Original Communication department, yet we heartily agree with our Canadian brother in his disgust for the practice which some writers have of interspersing their weak English with absolutely incorrect Latin. The higher an author rises in true scientific learning, the more is he able to express his thoughts clearly in his own language. It is only the superficially educated who intersperse their incoherent ramblings with unclassical Latin.

A Hindoo View of Malaria.

As a curious illustration of a fundamentally correct idea existing in the traditions of a nation, the following passage from Orton's work on cholera, published in 1831, is of interest: "The natives of India are an enlightened race. Some idea of the value of their opinion on any doubtful subject may be formed from the fact of their universally believing that malarial fevers are owing to drinking bad water." Time has justified the Hindoo rather than Orton's belief.—M., *N. Y. Med. Jour.*

Vomiting of Anesthesia.

Vomiting during anesthesia may be arrested by compression of the phrenic nerve and vagus. Dr Joos, of the Cantonal Hospital at Winterthur, applies compression with the thumb on the left side, immediately above the sternal end of the clavicle. The hand is held flat on the thorax and the thumb is parallel with the clavicle. In Dr. Joos' experience the vomiting and hiccough forthwith cease. He also suggests that this treatment might be useful for the relief of seasickness.—*Can. Lancet.*

A Practical Styptic.

In *The Lancet* for February 25, 1893, Dr. A. E. Wright describes a way of preparing his physiological styptic which he says gives a much stronger product than that gotten by other methods. The details are as follows:

"Take the thymus gland (chest sweet-bread) of a calf, reduce it to a fine pulp by passing it through a sausage-machine, and extract with three to four liters of a 1:1000 or 1:500 solution of carbonate of soda which has received an addition of five grammes of chloroform per liter. Stir thoroughly at intervals, and continue the extraction for twenty-four to thirty-six hours.

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At the expiration of that period it will be found that almost the entire substance of the gland has dissolved in the dilute alkaline fluid. Strain through fine calico, and add one per cent. of calcium chloride. Preserve in stoppered bottles." In order to obviate the considerable precipitate of calcium carbonate which is obtained on this addition, it is well to acidify the thymus extract with dilute hydrochloric acid before adding the lime salt. The slight alkaline reaction is to be subsequently restored by an addition of weak caustic soda. This styptic will keep for an indefinite time if the chloroform is prevented from evaporating. With a styptic prepared as above, Dr. Wright has been able to arrest the hemorrhage after cutting across both a femoral and a carotid artery in a dog. The action of the styptic was assisted by compressing the arteries for one or two minutes. The author adds that his styptic may be applied on a tampon to any bleeding surface where strict asepsis can be dispensed with. If it is necessary to render the styptic perfectly aseptic, this can be done by boiling after making a sufficient addition of alkali to keep, the albuminous substances in solution. Boiling involves a great, but not a complete, loss of coagulating power.

Chemically the styptic is said to be a solution of "tissue-" or "cell-fibrinogen," with the addition of lime. Dr. Wooldridge, of England, and Drs. Arthus and Pages, of France, first discovered and described the substance.—*Medical Record.*

Rupture of an Intestine Caused by a Tapeworm

Dr. Dunlap recently reported in the *New York Medical Journal*, a case in which rupture of the small intestine was occasioned by a tapeworm. Eight feet of the live worm were found in the abdominal cavity; seventeen feet more were removed by enema. The abdomen was opened, washed out, the rent in the intestine closed, and the patient made a good recovery.

Calcium Chloride in Lobar Pneumonia.

DR CROMBIE (*Practitioner*, 1893; No. 4).

But one of twenty-two cases, treated by the author with calcium chloride, terminated fatally. He administered five to fifteen grains (0. 3–1 gme.) every four hours. The cases ran a mild course, and were characterized by the subsidence of temperature almost to the normal after two to three days of treatment, and by the absence of the distress and danger associated with high temperature. In several of the cases, the disease was arrested in the stage it was when the treatment was instituted.

In explanation of the action of calcium chloride in the treatment of pneumonia, it is suggested that the drug may neutralize the toxic action of the peptones or albumoses circulating in the blood.—*A. M. S. Bul.*

For Rheumatism.

My formula is:

Rad. serpentariæ	oz. i	[30 gme.]
Potass. nitras	oz. ss	[15 "]
Gum guaiac	oz. i	[30 "]
Tr. cantharid	drams ii	[7½ "]
Spt. vin. rect	oz. vi	[180 "]
Aquæ	ad oz. xvi	[180 "]

Sig.—"A tablespoonful twice a day—morning and evening."

—Richard Dart, M.D., in *Amer. M. S. Bul.*

Lemons and Cholera.

The Imperial Health Office at Berlin has published an article stating that the comma-bacillus is destroyed in a few hours by being placed upon the cut surface of a lemon or of an orange, and that upon the external skin of these fruits they die in from one to two days. Consequently there will be no restriction upon the sale of those fruits, even if they are brought from places that are infected with cholera.—*Boston Med. and Surg. Journal.*

The Advantages of a Physician Dispensing His Own Medicine.

BY CARYLL B. STORRS, M.D.

This is a subject which has been discussed to a great extent, both pro and con, for a long time. The principal reasons which have been given in favor of every physician being his own druggist may be mentioned as follows:

1. To make a physician more independent.
2. On account of the habit of substitution prevalent among certain druggists.
3. To make sure of exhibiting pure and fresh drugs.
4. To prevent refilling of prescriptions without the physician's knowledge.
5. To show his disapproval of the practice of counter prescribing and the selling of patent medicines.
6. To center the pecuniary profits upon the physician.
7. To assure cleanliness in the preparation of medicines.
8. To educate the doctors to practical pharmacy.
9. To inspire confidence in the patient.
10. To check the growing use of proprietary medicine by the profession.—*The Medical Age.*

DOCTOR, give us your experience in the treatment of malarial fever with other substances than quinine.

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The Pathology of Nervous Disease.

I would sum up the points which I have tried to bring out and emphasize in the preceeding remarks somewhat as follows:

(1.) The term inflammation, as now understood, has to be applied more carefully and with restrictions to nervous diseases: Many forms or cases, for example, of meningitis and myelitis are in reality toxemias or processes secondary to mechanical injury. There cannot be an inflammation without a specific cause, and we should associate this fact with our conception and our diagnosis of the inflammatory processes.

(2.) In the organic neuroses of degenerative type there is a toxine of extrinsic or intrinsic origin, which is negatively chemotactic. The body cells and proteids cannot defend the special parenchyma, against it. The degenerations, including muscular atrophies and primary scleroses, are of toxic origin. There is a poison at work which it should be the effort of neurological science to find out how to antagonize and combat.

(3.) In the chronic neuroses of functional origin, so-called, such as paralysis agitans, chorea, epilepsy, and Basedow's disease, there is a toxic factor which is of fundamental importance. This may be due to defective gland action as in Basedow's disease and in myxedema or to humeral poisons of other origin. Many neuroses are really glandular or nutritive or infectious diseases.

(4.) There is another element of equal importance in the etiology of the neuroses, and that is an inborn or an acquired lack of resistance to injurious agencies, whether engendered within or introduced from without. This diminished power of resistance on the part of nerve-centres is produced in some cases by strong emotions and shocks; and while under this depressing influence, the nerve-centres become susceptible to the action of the poisons which then continue and keep up the disease. In some such way as this we may explain the origin of paralysis agitans, certain forms of neurasthenia, and exophthalmic goitre, perhaps, also, even of the organic neuroses like locomotor ataxia. These views lead to the practical conclusion, that in treating many of the chronic neuroses there are two kinds of measures to be employed: first, those which increase strength and resisting powers of the organism; second, those which are of antitoxic or specific chatacter. There are, in all probability, specific cures for many of the diseases which we now regard as hopeless; remedies which will stop the progress of locomotor ataxia and progressive muscular atrophy, and which will neutralize the poisons that keep up exophthalmic goitre, paralysis agitans, epilepsy and other neuroses,

(5.) The toxic origin of nervous disease has been established in the case of myxedema and made probable in that of exophthalmic goitre, paralysis agitans and chorea; and the importance, at least of a toxic element has been shown for epilepsy.

(6.) Finally, by the term toxine or poison is meant a very wide range of injurious substances, including the products of defective metabolism, defective gland action, microbic growth, and the extrinsic vegetable and mineral poisons. DR. CHARLES W. DANE, *in Boston Med. and Surg· ourn.*

HYDROTHERAPY IN THE TREATMENT OF NERVOUS AND MENTAL DISEASES.

1. Cold and warm baths affect the central nervous system in a reflex manner by stimulating the sensory nerves of the skin and the vasomotor nerves, and thus influencing the cerebral circulation. Cold excites and warmth diminishes irritability when thus applied.

2. Short cold baths, especially when combined with sprinkling, showering or rubbing, are powerfully stimulating, exhilarating, and tonic.

3. Prolonged warm baths, steam and hot-air baths, and the hot pack, are relaxing, fatiguing, and soporific.

4. A cold bath stimulates various reflexes in the body, such as peristalsis and the visceral reflexes in the sacral portion of the spinal cord.

5. Warm baths by soothing peripheral nerve irritability, exert a calmative influence over the central nervous system. They mitigate reflex spasms and contractions in voluntary or involuntary muscle.

6. Cold applications to the skin stimulate vaso-dilator nerves, dilate the peripheral vessels, and increase blood-pressure. Warm applications also dilate superficial capillaries, but by diminishing the tone of the vessel-walls they also reduce arterial tensions.

7. To lower the irritability of individual nerves or of the entire nervous system, prolonged warm baths or the hot pack are indicated.

8. As many hydrotherapeutic measures tend to reduce temperature, it is important to remember that in non-febrile cases, in anemic conditions, and in debilitated states, the temperature must be raised artificially before subjecting patients to hydriatic treatment. In some cases the temperature of the body on rising from bed in the morning is sufficient; in others a short stay in the hot-box may be needed.

DR. F. PETERSON,
(*American Journal of the Medical Sciences.*)

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Cholera: Necessity for Its Prevention: Its Microbian Origin, and Its Relation to Food.

[Extracts from an address delivered at the Third Annual Conference of the Health Officers of the State of Indiana, which was held at Indianapolis, April 27, 1893, by James F. Hibberd, M.D., of Richmond, Ind., the recently elected Pres. of the Amer. Med. Association.]

Asiatic cholera is indigenous to a certain part of maritime India, and is annually transported to other parts of the same country, and at longer periods to regions outside of India, and occasionally spreads over the civilized world wherever travel and commercial traffic extend.

* * * * * *

The essential factor in the genesis of cholera is the spirillum choleræ Asiaticæ, almost universally known by the name, comma bacillus, given it by Koch. It is a small microbe about the 1-25000 of an inch in length and one-third of that in transverse diameter. We can hardly conceive of a living thing so minute. It would require 1,000 of them, placed end to end, to extend 1-25 of an inch, and a sphere of the size of a drop of ordinary fluid would contain 523,600,000 of them. This microbe, entering the alimentary canal of man, finds in the small intestine the conditions suitable for its development and reproduction, and it at once enters into an active and prosperous career, multiplying so rapidly as to be almost beyond conception. It breeds by each spirillum dividing itself into two spirilla and each of these into two more, and so on. This division has been seen to take place in the laboratory in twenty minutes after a spirillum had been planted, or placed in a suitable culture medium; but let us suppose such division to be complete once an hour, a simple calculation will demonstrate that at the end of twenty-four hours the descendants of this one microbe would number 16,777,216. As it must be a rare thing for a person who swallows such a microbe to swallow only one, when a drop of fluid may contain millions, we can readily understand why, when a person becomes affected with cholera, he is so quickly, so severely, and so dangerously, diseased. The life-tenure of the cholera spirillum is not known; probably whenever one of them, of whatever age, divides there are two young ones, and this division and regeneration continues as long as pabulum is abundant and environment satisfactory. If a garment in Russia were soiled with cholera discharges, wrapped up moist, packed in a trunk and transported by easy stages to Indianapolis, it would reach its destination charged with living. active germs of cholera.

This microbe, is, however, a delicate plant, and can propagate only within relatively narrow limits. It cannot survive in a temperature above 126° F., nor below 57°, and its active life is confined to a temperature between 70° and 108° F.

It cannot multiply, though it can live, in pure water, but in water containing organic matter in solution it flourishes in a high degree, as it does also in a damp soil containing organic matter. Hence foul lakes, ponds, rivers, wells, and cisterns, also wet soils, drains and gutters, and sewage, are favorite habitats and breeding places for the cholera spirillum. As already stated, it cannot live in a temperature below 57° nor above 126° F. Drying kills it; the most contaminated clothing, bedding, and other fabric, or soil, when completely dried, are clear of every living cholera germ, nor can it survive in acids or strong alkalies. It is, in fact, a very tender and fastidious plant; it must have temperature and food just suited to its taste, or it will perish. Surely an enemy so dreaded as the cholera spirillum, whose frailty we clearly understand, and whose many vulnerable points we well know, ought to fall an easy victim to our cultured and energetic germicidal skill.

Prevention of cholera in this country demands consideration of four distinct problems: 1. To keep the spirillum from entering the United States 2. To prevent its transportation from any focus it may establish in the interior of the country. 3. To protect the individual from receiving the spirillum into his intestinal canal; and 4. To create and maintain in each individual such condition that, though he be invaded by the spirillum, he will successfully resist it.

Touching the first preventive problem, it may be positively asserted that, if it can be successfully accomplished, there will be no ground for further anxiety. Cholera is indigenous only to India, and whenever it is found in other parts of the world it has been transported there from India, directly or indirectly. The duty of securing the exclusion of the cholera spirillum from the United States devolves on the authorities of the Nation, the States and the municipalities serving on the frontiers of the Republic, and these authorities are so alert, so thoroughly posted in the requirements of the situation, and so well equipped to make their work effective, that we may safely rely on them to do whatever can be done in this behalf. But their utmost vigilance may fail, and it is obviously the reasonable duty of the States and communities of the interior to take such precautions in advance as would be demanded if it were certain that the scourge would visit every locality.

To limit the diffusion of the cholera, should it enter the country, is the second problem of prevention. In this behalf we have but to study the character and habits of the cholera spirillum

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to realize that the first duty exacted in anticipation of the cholera is to clean up all foul places; not that filth causes cholera directly, but we have seen that the spirillum breeds in all neutral fluids that hold organic matter in solution, and we must, to the extent of our ability, rob it of a breeding place. And furthermore, filth vitiates the atmosphere, and undermines that sound health upon which every one who chances to receive a cholera germ into his intestines must rely to resist its pathogenic influence.

If, notwithstanding these prophylactic precautions, a case of cholera appear in any community, the patient should be isolated at once and be waited on by intelligent and industrious attendants, who would diligently care for all discharges and promptly disinfect them with heat, dry or wet, acid, or other disinfectants. If these suggestions be accurately and without accident executed in behalf of the first cholera patient in any locality there will not be a living spirillum from him left to generate a second case.

To prevent a person from swallowing the cholera spirilla in a virulent state when he is in their presence, is the third preventive problem, and is not a difficult thing if such person clearly comprehends the nature of these spirilla, and is thoughtful enough to conduct himself according to the light and knowledge of the day respecting them. Cholera is not contagious; *i. e.*, it does not pass directly from the ailing to the well, like small-pox or scarlet fever, for the reason that the bacilla of these disorders are found on the surface of the body, having been carried there by the blood, and may be communicated by direct contact, or may be dessicated, float in the air, and be carried by currents to the attendants, while the cholera spirillum, like the bacillus of typhoid fever, is harmless, unless conveyed to the small intestines through the mouth and stomach; and further, like the germ of typhoid fever, it never appears in the blood, or other humors of the body, except the secretions of the bowels, and these are so easily disinfected that no discharged spirillum ought to escape destruction. The germs of some diseases may float in the air and infect those to whom they are borne, but not so with the cholera spirillum; when it becomes dry enough to be volatile its vitality is gone. Accordingly, the agent which carries the germ of cholera must be a fluid, and in fact, drinking water is the most general, though not the exclusive means of conveying cholera germs to individuals. All danger from this source may be avoided either by drinking only water that has been boiled and afterward protected from contamination, or such as has been made sour by lemon juice, vinegar, tartaric acid or other vegetable or mineral acid. Some years since a learned and thoughtful medical superintendent of a hospital for insane women in Philadelphia arrested an outbreak of cholera in the institution by having all the inmates drink systematically of a so-called lemonade made of sulphuric acid. Persons engaged in washing fabrics contaminated by discharges from the bowels of the victims of cholera may become infected by thoughtlessly passing a soiled finger to the lips, or a drop of the washing fluid—perhaps containing millions of spirilla—may be splashed into the mouth and, unless immediately neutralized by washing out the mouth with a vinegar or other disinfecting lotion, may pass into the intestines and inaugurate the disease.

Uncooked food may also carry the germs into the bowels, if not purified or proper care taken, but this danger is minimized for the reason that food excites gastric juice, gastric juice is acid, and a cholera spirillum can not pass a stomach containing an acid fluid.

In the matter of establishing and maintaining in the individual a power or condition that will resist the pathogenic energy of the cholera spirillum, which is the fourth preventive problem, there is no mystery and but little art; to attain and enjoy average good health, phyical and psychical, covers the whole ground. Every person in a civilized community is more or less exposed to the causes of disease, but by a natural law of the human organization such a resisting power stands always in defense, so that the many escape; only the few succumb. Without claiming that the person in good health has no liability to cholera, it is sound doctrine to hold that good health is the chief factor in the preservation of those who escape the cholera, while exposed as are their fellows who suffer.

Accepting this dictum, it follows that a person in health when cholera invades a community should make no change in his habits of diet, exercise or rest, nor should such an one take any drug or preparation to improve his powers of resistance, under the false and mischievous conceit that good health can be made better.

Much error exists in the popular mind—and in some professional minds also—regarding food during cholera epidemics. Many insist on wide departure from ordinary articles, however good and satisfactory they may have been before cholera was present, with the frequent result of disturbing good health and depressing the resisting power of the system to the extent that admits an attack of cholera that otherwise would have been avoided.

However important it may be that improper food should be discarded, the general rule should be that whatever was found safe, sound

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and sustaining when cholera was afar off, is good food when cholera is at our door or in our dwellings, and the same rational rules should guide in the matter of beverages; what is best for everyday health should be adhered to on the approach and in the presence of cholera.

While insisting on the proper physical conditions in man and his surroundings as preventive of cholera, I do not forget that his psychical status, equally, on its approach, adds immeasurably to his liability to have it Fear subtracts from man's resisting power as much as bad food or unclean environment, perhaps more, and anger or other emotional excitement is not far behind it in mischief. The true rule should be to make every rational preparation for a visitation of cholera, then calmly wait, each trusting in full faith to his own manhood and the mercy of the great Father of all.

Should some one inquire how it is, granting all these statements to be true, that cholera can exist at all, my answer would be that in the first place the facts herein set forth are not universally recognized; and secondly, even where fully appreciated and their application attempted with intelligent earnestness, there are so many dark corners that defy complete inspection, and thirdly, accidental or intentional deception not infrequently permits the germ to pass the lines of defense unnoticed.

And still further, cholera is frequently so sudden in its onset and so rapid in its career, especially in discharges from the bowels, that many sufferers, notably the poor and isolated, scatter untold millions of the germs in and about the premises where they are seized before they are aware that they have the cholera or receive proper attention, and thus the disease perpetuates itself in spite of sanitary knowledge and the most untiring activity.—*Food.*

Migraine.

Migraine may be relieved with a pill, twice daily for some time, consisting of Indian hemp one-sixth grain, phosphide of zinc one-tenth grain, and arsenic one-thirtieth grain. The severity of the attack may be effectually diminished with liquor trinitrine in minim doses two or three times daily.—*Hosp. Gaz.*

DOCTOR:—what is your method of feeding infants under eighteen months of age? What reasons exist why certain foods are inappropriate during this period? What troubles have you observed from bad feeling during this period? Give your views on or before September 5th for the Food number, October. For reason which you will readily see, avoid dissertations upon proprietary foods.

The Alkaloids—Their Value in Therapeutics.

Medicinal plants from which are obtained such natural products or crude drugs, as for example, opium, digitalis, aconite, strychnia, etc., present variations in activity and power, owing to difference in quantity and quality of their active ingredients. This variability depends on several causes, such as the locality of growth, character of soil, whether grown in the wild or cultivated state, mode of culture, time and manner of gathering, age of samples, state of preservation, etc. The natural products themselves, and their preparations the most simple in appearance, are very complex and contain numerous active substances entirely different in their nature, and often of antagonistic medicinal qualities. Some plants which are very active in their wild state, are almost inert when cultivated; and some contain a number of alkaloids differing from each other in properties. One of the most striking examples of this is that furnished by opium, careful studies of which have revealed the presence of six well-defined principal alkaloids—and nearly twice that number of minor importance—having different and well-defined properties Narceine, morphine and codeine are soporific; while papaverine, thebeine and narcotine are antispasmodic. It is evident that powders, pills, decoctions, infusions, tinctures and extracts which may be prepared from such crude drugs cannot present uniformity in activity, and cannot be considered safe and reliable preparations. In fact their unreliability has been shown by many unexpected results from their use; and this has caused such distrust and vacillation on the part of the physician as often to nullify his efforts in the treatment of disease.

Perhaps one of the most perplexing things with which the physician has to contend, is the great variation in the strength of drugs; and especially is this true in relation to those which come from the vegetable kingdom. So varied are these that the physician who trusts to prescription writing feels that the method of sending out his prescriptions to be filled is very unsatisfactory and unsafe. On the one hand the drug dispensed may be of poor quality, and the desired effect is not, therefore, produced; and on the other hand, it may be stronger than what he has been in the habit of prescribing; and hence he receives from it the toxical effect. On this account many physicians have adopted the method of dispensing their own drugs, not so much in the belief that they can keep better drugs than their druggists; but, that having tested their own, they know just how much it will take to produce the desired effect. For instance, we are much annoyed in prescribing tincture of aconite root. It is not uncommon

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to find this tincture in the shops having little evidence of medicinal power. When aconite root lays away for any length of time it loses its properties; and a tincture made of such will be proportionally weak. It will take a large quantity of this to have any beneficial effect; and, after using for a time, we may prescribe a large quantity, when, if the prescription falls into the hands of a druggist who has a tincture of full strength, disaster may be the consequence. What the physician desires is, that neither too little nor too much of the active principles of drugs shall enter into the preparations he prescribes.

Therapeutics, to be successful, must have pure, active and always reliable agents. To secure this, and avoid mistakes, it was proposed some years ago that a certain amount of fluid extract should answer to a definite amount of the crude material; and with this, it was thought that the ultimatum had been reached. But we find that the same difficulty attends the fluid extract as above alluded to in the tinctures; and that we cannot expect to get a good fluid extract from a poor quality of the crude material. As the activity of a drug is due to one or more definite active principles contained in it, an estimationof these active ingredients is the only true criterion by which to judge of its medicinal quality; and this is subject, even in carefully selected drugs, to a wide variation.

The following is a brief abstract of some conclusions presented by the eminent Prof. Leaborde before the French Academy of Medicine.

1. "In every medicamentous preparation, taken from the vegetable kingdom, there exists one or several active substances through which it exercises its physiological and therapeutic action."

2. "When this active substance has been isolated, determined and chemically formulated, in which case it must be regarded as its proximate principle, it is this to which it would be reasonable for us to address ourselves, with a view to its therapeutic use, after having first subjected it to experimental and then to rigid clinical tests."

3. "In fact, while the proximate principle is always the same, identical with itself, invariable in its essential constitution, as in its fundamental, physiological and medicamentous action, the substance of the entire plant is essentially complex and variable, not only in its composition, but its effects, and it does not and cannot result in in actions which shall be other than multiple, diverse, undefined and unknown."

In the progress of preparing remedies we had, first, the crude drugs; next, decoctions and infusions made from them; then followed the tinctures, the fluid and the solid extracts. Here science halted for a long time, and until chemistry come to our aid by furnishing us with the active principles themselves, leaving out the coarse, inert, and often injurious matters that hinders accurate calculations as to definite hterapeutic results. We were given the alkaloids and the glucosides in place of the crude drugs and their preparations so long in use.

The alkaloids are the active principles of plants, isolated from their inert and extraneous parts by chemical processes. For example, strychnine and brucine are extracted from nux vomica; morphine, codeine and others from opium; aconitine from aconite; digitaline from digitalis; atropia from belladonna, etc. They are simple, pure and active drugs, always identical in chemical composition and uniform in strength and activity. With the exception of a small number, such as quinine, morphine and strychnine which had been adopted into general parctice, the alkaloids were at first looked upon as scientific curiosities:and were put away among the poisons. As medicinal agents they were regarded with suspicion, and were used in a timid and uncertain manner. But, instead of being the venomous principles of the plants which produce them, they are found to be the true medicinal agents of such plants, capable of rendering the greatest service to humanity; and these services will become general in proportion as their importance becomes more generally understood.

These active principles, as now presented for administration, are rapidly absorbed into the system; producing prompt and certain effects; and there are no effects produced by the crude drugs that may not be obtained from their alkaloids, singly or in combination, and in a far more positive and safe manner. Their undeniable efficaciousness in the hands of the intelligent physician is now widely recognixed; and in them the medical art has a power,a certainty and precision of action which has been most earnestly desired, but was far from being expected. It is difficult to understand why physicians should persist in prescribing medicines of whose strength they cannot be certain, and whose conglomerate nature causes them daily anxiety, when they have definite active principles, invariable in their composition and whose medicinal effects are constant, and may in advance be mathematically counted upon. In satisfying therapeutic indications, the alkaloids have a very great superiority over plants, even as atropia is superior to belladonna, strychnia to nux vomica. Because of the uncertainty of their composition and their variability in activity, the crude drugs are more dangerous and less efficient in therapeutic use, than are their active principles. We may do without the plant itself, as such, but we cannot do without its active principle.

The discovery of the alkaloids is one of the most important discoveries of our time. The

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glory of the discovery belongs to chemistry, a science to which medicine, no less than the great modern group of arts and industries is indebted for its most powerful instruments. It is to physiology that we are indebted for a knowledge of their influence on the vital economy; and to therapeutics for a knowledge of their great value in the treatment of disease.

In therapeutics we seek an effect. To be effectual therapeutics should be preventive, not limited to the prevention of death, but preventive of the phenomena which lead to death. Certain of the alkaloids, by their power in controlling the vaso-motor nerves, that part of the nervous system which presides over the contractions and dilatations of the blood vessels are regulators of vitality, modifying it according to the action peculiar to each agent. In small doses, repeated at short intervals, they lower the pulse and temperature, and prevent paralysis of the blood-vessels. When a person becomes feverish, the temperature of the body rises and the heart's action is hurried; the blood becomes overheated, dark and viscous; embarrasments of circulation in the organs are liable to happen and cause serious organic lesions. The system may become poisoned by retained morbed matters, the heart exhausted and life endangered. Every acute disease is, at the start, but a derangement of function, the vital phenomena are modified before the occurrence of any structural alteration of tissue of the organs. The alkaloids, given with promptness and boldness, lift up depressed vitality, restore tone to the blood vessels and prevent accidents due to fever.

When administering the alkaloids, as when the crude drugs are adminstered, the physician must take into accouut the impressionability of the patient, the resistance of the disease to the remedy, the power of absorption and of elimination and idiosyncrasies; and he must know just how much of the active principle he is giving at a dose. He may then reasonably expect certain physiological or therapeutic effects or both, according to quanity and frequency of administration. The most safe and efficacious manner in ordinary cases, is to administer the alkaloids in small doses at short intervals, proportioned to the acuteness and severity of the disturbance. But they must be continued, regardless of the quantity already administered; because, in order to obtain the desired therapeutic effect, we must proceed until the effect is produced. We are safe in this course, for, with small doses, the accumulation in the blood cannot become excessive; and when the effect is obtained, we stop or reduce the dose. There is no danger till the physiological effect is produced. There is a culminating point to be reached; and the small doses should be given at short intervals, in order that the effect may be reached as soon as possible. Excepting in cases of extreme urgency, and where life is in imminent peril, it is not advisable to employ the maximum doses. because of the fear of poisoning.

The foregoing are some of the many reasons which may be given to demonstrate the value of the service which has been rendered by the use of the alkaloids. The medical world is now paying greater attention to these active principles, because their superiority over Galenical preparations is self-evident; and the current of therapeutic literature is constantly towards a more critical study of the medicinally active principles, rather than the crude drugs. The character of the future materia medica, so far as the botanical part is concerned, will doubtless be materially changed. More and space will be devoted to the alkaloids and active principles; and less and less space to crude drugs.

But no one need fear that the successful use of active principles necessitates the learning of a set of new remedies; or that alkaloidal therapeutics bring into the field of medicine drugs never before heard of. On the contrary, it gives the same tools which we and our forefathers have used, greatly improved and capable of doing not only the work formerly required of them, but much else besides. But because this claim is made, it must not be supposed that the alkaloids offer everything needed fot therapeutics, to the exclusion of the many ather useful remedies found in other worlds than the vegetable. We have no patience with the bigotry which draws its *armomentarium medicine* from one quarter and excludes good remedies from other sources. It is the glory of the scientific and sensible physician that he searches the whole range of human knowledge for that assistance which helps him to relieve the suffering of mankind. —W. W. Hipolite, M.D., De Vall's Bluff, Ark.. *Med. Review.*

DOCTOR:—What is your favorite treatment for the malarial fever of the early autumn? What, also, for the continued fever which you cannot distinctly call malarial? Have you developed a treatment that is satisfactory to you? If so, what is it? Does it shorten or only mitigate the disease? Let your professional brothers hear from you through THE WORLD.

"MONEY TALKS."

Dr. J. J. Taylor.—Allow me to say in regard to the "Physician as a Business Man," that I received $5.00 of value from it, ere I had the book fifteen minutes.

Yours very truly, GEO. S. HAZARD, Ph.G., M.D
1 Blue Hill Ave., Boston, Mass.

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Malaria in Water.

We have quoted from year to year, many instances transpiring of severe intermittent fever as the result of drinking, or even bathing in, vegetation-contaminated waters, such as most physicians have been in the habit of indorsing as perfectly harmless. Of the terrible African fever, Surgeon Parke, the companion of Stanley, writes, (*Lancet*, May 28): "Perhaps the sharpest attack experienced during this part of the journey was my own, which followed a ducking received in crossing a tributary of the Congo. My donkey slipped accidentily and completely submerged me. This was but the first of a long series of experiences in which I found that every wetting in Equatorial Africa meant a subsequent attack of intermittent fever. Another lesson soon learnt, and for which I was still less prepared, was the fact that our donkeys after each corresponding drenching developed febrile symptoms exactly corresponding to those of their fellow travelers."—*Sanitary Era.*

For Obstinate Vomiting of Pregnancy.

Fluid extract of golden-seal has, according to Fedorow, proved to be an excellent remedy in the treatment of obstinate vomiting of pregnancy. Fedorow prescribes twenty drops of the fluid extract four times daily.—*Therp. Monatsch.*

Removal of Mother Marks.

The *Allgemeine Medicinal Central Zeitung* gives the following as very efficacious: Mix one part of tartrate of antimony with four parts of emplastrum saponatum and work into a paste. Apply the mixture over the mark to be removed to the depth of one line (one-twelfth inch,) and covered with slip of gummed paper or court-plaster. On the fourth and fifth day suppuration sets in, and in a few days later scarcely a sign of the mark can be seen.—*N. Y. Medical Times.*

Simple Tests for Impurities in Water.

The following methods of determining the presence of impurities in water are given by Walling: 1. For organic matter put a little of the sample into a beaker, add two or three drops of dilute sulphuric acid and color distinctly with a solution of permanganate of potassium. If much organic matter is present the color of the permanganate becomes discharged almost immediately; if less or very little, it takes longer to decolorize. If the color has not changed in twenty-five or thirty minutes it is safe to assume that organic matter was not present. This is a tolerably reliable test. 2. For nitrites, a little sulphuric acid added to the water forms nitrous acid if nitrites are present, which is easily detected by its power of liberating iodine from iodide of potassium. A little starch paste is mixed with a small quantity of a solution of potassium iodide, and the mixture added to the suspected water containing the sulphuric acid. If nitrites are present the nitrous acid formed liberates the iodine from the iodide, which turns blue with starch. This indirect me hod is a ready means for detecting the nitrites if present in not too small a quantity. 3. Nitrates are detected by converting into nitric acid, which turns morphia red. A portion of water is evaporated to dryness, the residue treated with a drop of strong sulphuric acid (which makes nitric acid of the nitrate) and a portion of morphine added. If nitrate is present the morphine gives red color. 4. For ammonia, Nessler's reagent is by far the best test. It may be made by dissolving eighteen grains of oxide of potassium in a little water, adding solution of mercuric chloride until the red iodide of mercury first formed redissolves upon agitation. To this is added a solution of fifty grains caustic potassa and distilled water to make eight ounces. This reagent will detect 0.00375 of a grain in a pint of water by giving a yellow color. A reddish color or precipitate forms with larger quantities of ammonia. 5. Albuminoid matter requires a more elaborated proceeding for its detection. If all of the above were found it is hardly necessary to go to the trouble of looking for albuminoids; the water would be unwholesome even if they were not present.—*Pharmaceutical Era.*

Vaccination.

Cathell (*Maryland Medical Journal*) suggests the following to prevent the very bad arm that often follows vaccination with bovine virus. Those in charge of the patient should try daily to raise the scab after the twenty-first day and remove it as soon as it is found to be detachable; next to mop and dry the sore, letting the air glaze the exposed surface before re-applying the clothes. When the edges are loose, but the crust is held by a strong and fleshy core at the centre, the loosened margin should be cut away with scissors, including as much as possible of the central core itself. The sore is then dressed, with a salve or dusted with aristol, iodoform or europhen if necessary. The writer thus concludes: "This not only prevents the excessively sore arm and chronic ulcer, with its burrowing, corroding, and tissue-absorbing pus, with the huge and unsightly keloidal cicatrix, but also secures the characteristic scar with its series of minute depressions or pits which unmistakably prove that it is the relic of a genuine Jennerian vesicle."—*Buffalo Med. and Surgical Journal.*

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Formulas.

A Valuable Diuretic and Cardiac Tonic.

R. Juniperi ..... oz xii
Potassii acetatis ..... oz viii
Digitalis..... oz ii
Scillæ ..... oz i
Vini albi ..... O viii
Spiritus rectificati ..... O i.—M
Sig —Two teaspoonfuls at a dose.

—*Can. Lancet.*

For Anemia with Constipation.

R. Extracti nucis vomicæ ..... gr. ¼
Ferri sulphatis exsiccatæ ..... gr. i
Aloin ..... gr. ¼
Pulveris myrrhae
Pulveris ipecacuanhæ ..... aa gr. ss
Extracti gentianæ ..... gr. ii
Misce et fiat pilula. Sig. To be taken every night.

—*Can. Lancet.*

For Acne.

Dr. G. T. Elliott prescribes:

R. Zinci sulph., Potass. sulphuret. } aa ..... grs. v-xxx
Aquæ rosæ ..... oz j
Sulphuris præcip. ..... grs. xx-xl
M. Sig.—Apply to face three times a day.

—*Can. Lancet.*

Dyspepsia.

Dujardin-Beaumetz recommends the following:

B. Bismuth submit., Magnesii sulph., Cretæ preparat., Sodii phosphatis, } ..... aa drams iii
M —Div. in pulv. No. xi.
Sig.—One after each meal.

—*Therap. Gaz.*

Cystitis in Women.

R. Pot. citrat ..... oz. ss
Ext. trit. repentis, fl.
Tinct. belladonnæ ..... aa oz j
Ext. buchu, fl ..... oz. js
Aq ..... aa oz. jv
Sig —Drams j in a wineglassful of water three times a day.

—*Jour. de Med. de Paris.*

Scrotal Eczema.

The following is recommended:

R. Hydrarg chlor. mit ..... drams j
Zinci oxidi ..... gr xl
Bismuthi subnit ..... drams jss
Lanolin ..... oz. j
Vaseline ..... oz ss
M. Ft. ung.
Sig.—Wash the scrotum in hot borax water, and apply the ointment night and morning.

—*Memphis Med. Mo.*

Metritis, Peritonitis, etc.

R. Ext. oppi aquaosi ..... gr. iij
Ext. belladonnæ ..... gr. ij
Olei theobromæ ..... q. s. ad
M. Ft. in suppositories No ..... vj
Sig.- Use one in the vagina night and morning.

—S. C. Snelson, M.D., Savannah, Ga., *Med. and Surg. Observer.*

Pulmonary Consumption.

R. Beechwood creosote (pure) ..... drams j
Corrosive chloride of mercury ..... gr. ij
Alcohol
Glycerine a a ..... oz. ij
M S.—Teaspoonful in half wine-glass of water four or five times a day. If persisted in will absolutely cure most cases of incipient phthisis

—M. V. Lynk, M. D., Jackson, Tenn, *Ib.*

Ovarian Neuralgia.

Tr. digitalis ..... drams j
Tr. gelsemii ..... drams ss
Potassii bromidi ..... oz. ss
Aquæ ..... oz. vj
M. Sig.—Tablespoonful in water every three hours.

—*Journal of Materia Medica.*

For Sciatica.

Dr. Lawrence in *Amer. Pract. and News* recommends the alcoholic solution of nitro-glycerine, one per cent., commencing on one drop three times a day, and gradually increasing to five drops three times a day.

Gelsemium for Lumbago.

It is stated that ten drops of tinct. gelsemium every four hours, will almost invariably relieve that painful condition or backache, commonly called lumbago.

For Myalgia.

R. Ext. emicifugæ fluid, Ext. erythroxyl fl, Tinct. guaiac ammon ..... aa oz. j
M. Sig.—Take a teaspoonful three times a day.

—*Med. News.*

Cholera.

C. Chlorodyne is the title given at the Walajabad Mission Dispensary for a chlorodyne much used there in cholera. The formula is:

R. Spt. menthæ pip ..... drams ij
Spt. camph ..... drams ij
Spt. chloroform ..... drams ij
Tinct. capsici ..... drams ij
Tinct. zingib ..... drams ij
Tinct. catcechu ..... drams vj
Tinct. digitalis ..... drams viij
Acid hydrocyanic dil. ..... drams ij
Glycerini ..... drams xxiv
Spt. vini. rect ..... O vj
M. Dose *M.* xx in dram j of water every fifteen minutes, until vomiting and purging stop.

When the cases come, Dr. W. Walker states that treatment is begun at once with 20 drops of the chlorodyne in a teaspoonful of water, and if necessary the same amount is given every fifteen minutes; but it is seldom found that more than one or two doses are required. At the same time the usual specific treatment is carried out.—*Med. & Surg. Rep.*

Bronchial Asthma.

In some cases where single remedies successively fail, a combination of several of them will prove successful in aborting the paroxysm. A good formula is as follows:—

R, Syrup. ipecac. Spiritus æth. comp. ..... aa f drams iv
Sodi bromidi ..... drams iv
Tincturæ belladon ..... f drams ij
Aquæ lauro-ceras ..... ad f ounces iv
M. Sig.—Take two teaspoonfuls at the begining of the attacks. Repeat twice at fifteen intervals, if necessary

—Dr, Crook, *The Post Graduate.*

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Dysentery.

A treatment that is very successfully used in Nicaragua for dysentery and which is prescribed by Dr. Bermudex, is as follows: To an adult is given six grains of quinine morning and evening, in conjunction with

R. Ammonium chloride.....gr. v
Pulv. ipecac.....gr. v
Tinct. opii.....g.t. x—xv
To be repeated every two hours.

—*Woman's Med. Journal.*

Sick Headache.

Dr. Crutchfield indorses the following combination, proposed by Dr. William Henry Day. The addition of the bromide of ammonium, he thinks, increases its efficacy:

R. Sodii bicarb.
Bismuthi subcarb.
Pulv. acaciæ.....aa drams j
Spts. ammon. aromat.....drams ij
Ammonii bromidii.....drams iss
Syr. zingiberi.....drams iij
Aquæ dest.....q. s. ounces viij
M. Sig.—One drachm, as required. Repeat if necessary.

—*Virginia Med. Monthly.*

Hemoptysis.

Professor Pepper often orders:

R. Acidi gallici.....drams ij
Acidi sulph. aromat.....drams j
Glycerinæ.....ounces j
Aq. dest.....q. s. ad ounces iv
M. Sig.—Teaspoonful at dose; repeat frequently.

—*Med. Bulletin.*

Spermatorrhea.

Bokai and Meissels have entirely cured twenty-seven cases by the internal use of citrate of cornutin in the daily dose of $\frac{1}{20}$ to $\frac{1}{10}$ grain.
—*La Riforma Medica, Med. Bulletin.*

Aborting Pneumonia.

R. Ext. jaborandi fld.....f drams iij
Spts. vin gall.....drams vj
Syr. aromat.....f ounces j
Aquæ dest.....q. s. ad f ounces iv
M. Sig.—Table poonful every hour until thorough effect, then half doses every two hours.

—*Record of Med. and Surg.*

Pulvis Bismuthi Compositus.—(Bureau O. D. P.)

R. Bismuthi subnitratis
Sodii bicarbonatis
Sacchari pulv.
Acaiciæ pulv.
Zingiberis pulv.....aa part aequ.
M. Dose.—A teaspoonful for adults, in dyspepsia.

—Wheelock, *Doctor's Weekly.*

General Nervousness and Depression of Spirits.

The following is given dy Dr. Emmet;

R. Strychniæ sulph.....drams ss
Quiniæ sulph.....drams ss
Ferri pyrophosphat.....drams ij
Spiriti chloroformi.....drams iij
Glycerinæ.....q.s. ounces iv
M. Sig.—One teaspoonful in wine-glass of water four times a day.

Vaginismus.

R. Thymol.....grs. iij
Ext. belladonnæ.....grs. xij
P. tassii bromidi.....drams ss
Ol. theobromæ.....drams iv
M. et ft suppositoria No iv.
Sig.—One suppository, as needed.

—Dr. Sinety, *N. Y. Med. Record.*

For Urticaria of Children.

(*L' Union Med.*)

R. Chloral hydrat.
Camphoræ pulv.
Acaciæ pulv.....aa drams j
Triturate until liquefied, and add
Cerat simpl.....drams j.—M
Sig.—App y topically.

—*Can. Lancet.*

Hemorrhoids.

R. Atropinæ sulphat.....gr. iv
Acid tannic.....gr. vj
Morphinæ sulphat.....gr. vj
Cocainæ hydrochlorat.....drams ss
Vaselin.....oz. j
M. et ft ung.
Sig.—Apply a small quantity to the hemorrhoid after each stool.

—Rev. de Ther. Gen; *Doctor's Weekly.*

Hemorrhoids.—Dr. Shuford says that he has obtained good results by injecting the following in hemorrhoids:

R. Glycerole of salicylic acid.....drams iv
Glycerole of boracic acid.....drams iv
Carbolic acid.....drams iij
M. Sig.—Inject five to ten minims into each tumor.

—*Med. Brief.*

Tonic in Malarial Cachexia.

R. Liq. sodii arseniatis.....drams j
Ext. eucalyptus fl.....drams ij
Tinct. cinchonæ comp.....oz iss
Aq. cinnamomi, q. s.....oz iij
M. Sig.—Drams ij *ter in die*, in water, after meals.

—*Ex.*

Malarial Cachexia.—Dr. J. H. Loving writes to the *Texas Courier-Record of Medicine* that he has found the following excellent for malarial cachexia:

R. Cupri sulphatis.....gr. ij
Strychnin sulphatis
Ferri sulphatis.....drams j
Quinin, sulphatis.....drams ss
Acidi sulphurici aromatici.....q. s
Aquæ.....q. s. ad oz. iv
M. Sig.—A teaspoonful three times a day for five or six weeks.

—*Weekly Med. Rev.*

Toothache Wax.—The following formula represents a preparation which has been introduced lately, and is regarded with favor in Germany, where it originated:

R. White wax.....parts xxx
Venice turpentine.....parts xij
Mastic, powdered.....parts v
Opium, powdered.....parts ij
Chloral, hydrate.....parts iss

A preparation containing pellitory as an active ingredient has been used to some extent in this country. It reads thus:

R. Pellitory, powdered.....part j
Mastic, powdered.....part j
Sugar, powdered.....part j
Chloroform.....q. s
Make this into a paste with sufficient chloroform, and at once put into a stoppered bottle.

—*Pharm. Record.*

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Lydia Pinkham's Compound.

Cramp bark	1 pound
Partridge berry vine	1 pound
Poplar bark	½ pound
Unicorn root	½ pound
Cassia	¼ pound
Beth root	6 ounces
Sugar	6 pounds
Alcohol	½ gallon
Water	q. s.

Two and one half gallons of an infusion prepared from the drugs in about No. 40 powder, and filtered, add the sugar: agitate until dissolved then add the alcohol.

—*Stearn's New Idea.*

Shiloh's Consumption Cure.—Shiloh's Consumption Cure is put up in a green panel bottle, with an extra long neck, the bottle holding scant three fluid ounces of a thin, syrupy semi-opaque greenish-brown liquid, with pronounced taste of chloroform. Reaction slightly, but permanently acid. This composition, as we examined it, shows:

Muriate of morphine	3 grains
Muriatic acid	3 minims
Fluid extract henbane	2 drachms
Fluid extract ginger	3 drachms
Fluid extract wild cherry	3 drachms
Diluted alcohol	3 drachms
Chloroform	1 drachm
Essence peppermint	30 minims
Syrup of tar	3 ounces
Simple syrup to make	8 ounces

Each bottle carries a wrapper and elaborate circular around it, and the whole wrapped in a red-lead colored paper, which states that it is warranted to cure consumption, coughs, colds, croup, hoarseness, asthma, and all lung diseases. It is prepared only by B. C. Wells, Leroy, N. Y., after a prescription of Dr. Brutus Shiloh. Price, 50 cents. No cure, no pay. Such a preparation if made without secrecy, should be worth just about half the price it is sold for, both at wholesale and retail.—*New Idea.*

Seven Seals, or Golden Wonder.

Ether	4 parts
Chloroform	6 parts
Camphor	4 parts
Oil of peppermint	parts
Tinct. of capsicum	35 parts
Alcohol (90 per cent.)	50 parts

These proportions are approximate.

This preparation is recommend for "cholera-morbus, rheumatism, warts, corns and all diseases."—*National Druggist.*

Diuretic Wine for Edema, General Anasarca and Dropsy in Cardiac and Renal Diseases:

R	Fluid extract of jallap	f drams iij
	Fluid extract of squills	f drams ij
	Fluid extract of jaborandi	f oz. i
	Fluid extract of digitalis	m xxx
	Nitrate of potash	drams iv
	Angelica (sweet) wine	Oij

M. Sig.—One tablespoonful every three hours

—*Joseph Jones, M.D.*

I have obtained most satisfactory results from this purgative and diuretic wine in the speedy and wonderful relief of the most extended dropsical effusions resulting from valvular disease of the heart.

We have also employed a diuretic mixture in dropsy resulting from cardiac and renal disease, similar to that originated by Fothergill, as follows:

R.	Spirits of chloroform	drams iv
	Acetate of potash	drams iv
	Tincture of digitalis	drams ij
	Infusion of buchu to make in all f oz. x (ten fluid ounces)	

M. et. Sig.—Tablespoonful to two tablespoonfuls every three or four hours.

The infusion of cream of tartar and juniper berries will act as important aids to the preceeding mixtures.

In the treatment of the dropsical effusions of hepatic, portal, cardiac and renal diseases and obstructions with purgatives and diureties, the physician should endeavor to sustain the strength of his patient, and hence the value of the diuretic wine for its stimulant properties.

No fixed rule can be laid down as to the amount of the various diuretics and purgatives to be used in any given case—each case should be carefully examined and the effect of each remedy used carefully watched—Joseph Jones, M.D., LL.D., New Orleans, in *North Car. Med. Journ.*

Formula Wanted. McLane's sugar-coated pills.

Reviews.

Consumption and Rheumatism. By Dr. Geo. Dutton, No. 8 South Ada St., Chicago, Ill. Published by the author.

We have examined this work with a great deal of interest. The doctor seems to have, according to our view, the right ideas as to causation and successful treatment.

His idea of the cause of rheumatism is, not *an excess* of uric acid in the blood but the presence of *any* uric acid—it being entirely an abnormal or pathological product.

His ideas of treatment are plain, rational and scientific. Thorough oxygenation of the blood by systematic deep breathing and prevention of gastric fermentation of food by appropriate means are the principal measures of relief advised, with suitable remedies for intercurrent conditions. The doctor is an original investigator.

The midsummer *Cosmopolitan*, the first at the new price of 12½ cents per copy, though unchanged in size, excels any other issue of that magazine in the number of its distinguished contributors, in the interest of its contents and in its overflowing illustrations by famous artists. Francois Coppee, Willian Dean Howells, Camille Flammarion, Andrew Lang, Frank Dempster Sherman, H. H. Boyesen, Charles DeKay, Thomas A. Janvier, Colonel Tillman, Agnes Repplier, and Gilbert Parker are a few of the names which appear on its title page. Three frontispieces, all by famous artists, furnish an unusual feature, and among the artists who contribute to the 119 illustrations adorning its pages, are Laurens, Reinhart, Fenn, Toussaint, Stevens, Saunier. Fitler, Meaulle and Franzen. The midsummer number is intended to set the pace for the

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magazine at its new price of 12½ cents a copy, or $1.50 a year. The magazine remains unchanged in size and each issue will be an advance upon its predecessors. Literally, every known country is being ransacked for material in the hope to bring *The Cosmopolitan* forward as the leading magazine in the world.

ERRORS IN SCHOOL BOOKS. Published gratuitously by Albert A. Pope, Boston, Mass.

RECENT DEVELOPEMENTS IN MASSAGE. By Douglass Graham, M.D.

THE SURGERY AND SURGICAL ANATOMY OF THE EAR. By Albert H. Tuttle, M.D.

These are two successive numbers of the Physician's Leisure Library, price 25 cents each, published by Geo. S. Davis, Detroit, Mich. They are such books as the physician cannot afford to do without—being the latest information on their respective subjects.

PAMPHLETS FOR FREE DISTRIBUTION.

REPORT TO THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA, UPON THE SUBJECT OF COLLES' FRACTURE. By E. H. Woolsey, M.D., Oakland, Cal.

A STUDY OF TWO CASES OF PAROXYSMAL SNEEZING, WITH TREATMENT. By Wm. T. Cathell, M.D., Baltimore, Md.

CHOLERA; ITS PREVENTION AND TREATMENT. By Elmer Lee, A M., M D., Chicago.

HOW TO AVOID CONTRACTING TUBERCULOSIS. By the Penn. Society for the prevention of tuberculosis. 727 Walnut St., Philadelphia.

BIOLOGIC THERAPEUTICS. A pamphlet giving interesting information and illustrative cases regarding the use of organic extracts in disease.

The lectures are by Hector W. G. Mackenzie, M.A., M.D.. and Edward Carmichael, M.D, (Edinburgh), reprinted from the London *Lancet*. This pamphlet will be sent free to all inquiring physicians. Address Parke, Davis & Co., Detroit, Mich.

ACOMETRIC SYLLABUS. An interesting pamphlet giving list of diseases and the drugs that are appropriate to their treatment with the Diurnals and Diurnal Tablet Triturates.

This book will also be sent free upon application to Parke, Davis & Co., Detroit, Mich.

ELECTRO-THERAPEUTICS OF NEURASTHENIA. By W. F. Robinson, M.D. Physicians Leisure Library Series, paper, 72 p. 25 cents Geo. S. Davis, Publisher, Detroit, Mich.

This is a very timely little work upon a most perplexing subject. The writer goes as deeply into the subject as, perhaps, his space will permit.

Regarding the applications of Franklinism, we fail to see how a seance of but five minutes will give the desired results. We do not get them with such very mild applications. There are some cases, however, where this form of electricity is inadmissible.

Mild currents, in all departments, are recommended, the operator being directed to carefully feel his way and increase as indicated. With this teaching we are heartily in accord.—*W. H. W.*

FOR pills and tablets address the P. J. Noyes Mfg. Co., Lancaster, N. H.

DR. C. L. MITCHEL'S soluble bougies are the proper things to use in the treatment of gonorrhea.

For Ourselves and Others.

THE special Cholera and Cholera Infantum Granule made by the Philadelphia Granule Co., No. 10 South Eighteenth st is a capital success.

FOR anemia and debility use McArthur's Compound Syrup of the Hypophosphites of Lime and Soda.

FOR a first class baby powder buy that made by Dr. Julius Fehr, Hoboken, N. J.

HAVE you used the new hypnotic, Trional? Send for pamphlet to W. H. Shcieffelin & Co., New York.

SEND 25 cents to the Alpha Drug Co., 93 Warren st., New York, for pencils for the cure of chronic Endometritis.

SEND for a sample bottle of very fine lacteal tonic to the Nutrolactis Co., cor. Warren and Greenwich sts., New York.

THE HASTINGS TRUSS Co., 224 South Ninth st., Phila. Pa., make a fine line of supporters, trusses and woven goods.

FOR Genito urinary troubles use Sanmetto.

HAVE you yet used Micajah's Uterine Wafers?

THE Forbes Diastase Co., Cincinnati, O., are manufacturing a fine digestive agent.

ANTILUPIA is a reliable coal-tar Product. Address Norwich Pharmacal C., Norwich, N. Y.

FOR sample of Antipuralgos, a coal-tar product, address Katharmon Chemical Co., St. Louis Mo.

A HANDSOME and really instructive book on Summer Diseases will be sent you, entirely free, if you will address H. K. Mulford Co., 2132 Market st., Phila. Pa.

FOR the Ladies Perfect Syringe address the Aloe and Penfold Co., Omaha, Neb.

W. D. ALLISON Co., Indianapolis, Ind., manufacture a magnificent office table.

THE standard tonic is Fellow's Compound Syrup of the Hypophosphites.

DR. A. SANDFORD, Everett, Mass., writes: "I have for several years been on the lookout for some preparation which would reduce flesh without injuring the general health, but have not succeeded in finding one. Several weeks ago, however, I received a pamphlet on the action of Phytoline (the active principle of the berries of Phytolacca Decandra) in obesity and at about that time a patient applied to me for a reduction of her weight. I perscribed Phytoline, and directed her to take 10 drops before and after the the three daily meals. She has now taken about two weeks' treatment, and tells me that see has lost 15 pounds and that too, without making any change in her diet, or affecting her general health. I am pleased with the results, and can concienciously recommend it."

WE have had good results from the use of Stewart's Pile Ointment.

Cocoa is a delicious and healthful beverage. Use Walter Baker & Co.'s.

PEROXIDE of Hydrogen is a standard articie. Marchand's is pure.

MARSHMALLOW Cream is the finest cod-liver oil preparation made. Free bottle. The Diamond Laboratory Co., Naugatuck Conn.

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THE DETROIT METRIC GRANULE CO., has become incorporated; moved into new and elegant quarters and is deservedly receiving largely increased business from all parts of the country.

ARMOUR'S Wine of Beef Peptone is a pure and nourishing article.

HORSEFORD'S Acid Phosphate is a refreshing summer beverage.

THE difficulty of keeping milk sweet during warm weather or the inconvenience of its sterilization makes its use a source of annoyance and trouble. For use in such cases we would recommend to the notice of the physician, Malted Milk, a pure and simple milk food consisting of fresh, sterilized cow's milk, obtained from one of the choicest of Wisconsin's dairy districts and an extract of malted grain, combined and evaporated at low temperature in vacuo and put up in the form of a powder in sealed glass packages.

In this food the casein of the milk is partially predigested by Plant Pepsin obtained from the grain which is malted by special a process. By the simple addition of water, without c oking or trouble you obtain a fluid closely resembling mother's milk and equally as nutritious, free from starch or cane sugar, a palatable food relished by all infants and retained by the weakest stomach. It makes an excellent diet for the nursing mother also, increasing and enriching the lacteal flow.

PARKE DAVIS & Co., Detroit, Mich., will furnish you with the new physiological remedies, derived from the tissues of various organs.

HYDROLEINE is a fine palatable preparation of cod-liver oil. Sample free. C. N. Crittenton, 115 Fulton st., New York.

FOR fine pills address the Upjohn Pill & Granule Co., Kalmazoo, Mich.

THE reliable thermometers are made by the H. Weinhagen, Co., 22 and 24 N. William St., New York.

I FIND Peacock's Bromides of great service in Uterine Congestion. John Mather, L. F. P. S., Haddington Labratory, Haddington Scotland.

JOSEPH P. ROSS, A.M., M.D., Professor Clinical Medicine and Diseases of the Chest, Rush Medical College, Chicago, Ill., says: For the past three years I have prescribed Bromidia very frequently, and have never yet been disappointed in securing the results required. In cases where there is insomnia without pain, in the delirious stages of acute fevers, in delirium tremens, puerperal mania, in short, in all those cases requiring soporifics, I find Bromidia invaluable. I consider Bromidia an excellent combination.

THE McIntosh Natural Uterine Supporter Company, formerly of Chicago, has now removed to 901 Locust St., Philadelphia, Pa. With increased manufacturing facilities and good business methods, their large patronage will naturally follow them to their new location.

IN Diseases of Women use Hayden's Viburnum Compound.

FOR your new fall suit send to E. O. Thompson, 1338 Chestnut St., Philadelphia, Pa.

B. KEITH & Co , 75 William St., New York, make a fine line of concentrated tinctures.

L. B. GRANDY, M.D., Demonstrator of Anatomy and Microscopy, Southern Medical College, Atlanta, Ga., says: "Antikamnia has given me the most happy results in the headaches and other disagreeable head symptoms that have accompanied the late catarrhal troubles prevailing in this section. In my practice it is now *the remedy* for headache and neuralgia, some cases yielding to it which had heretofore resisted everything else except morphine. I usually begin with ten-grain dose, and then give five grains every fifteen minutes until relief is obtained. A refreshing sleep is often produced. There seem to be no disagreeable after-effects."

FOR samples of the elegant Vinolia toilet preparations, address Bloudeau et Cie, 73 to 77 Watts St., New York, N. Y.

FOR a fine laxative, address California Fig Syrup Co., San Francisco.

THE genuine Hoff's Malt Extract is Tarrant's.

FRYE'S Pancreo-Bismuth with Pepsin is a most effective carminative. Samples free. George C. Frye, Portland, Maine.

FOR Improved Uterine Supporters, Abdominal Supporters, Elastic stockings, etc., send to G. W. Flavell & Bro., 1005 Spring Garden St, Philadelphia, Pa.

ALUMNOL is recommended as an antiseptic astringent. It is an aluminium salt of a naphthol-sulphonic acid. It is quite soluble in hot or cold water, and in glycerine; less so in alcohol, and insoluble in ether. As an antiseptic, a one per cent. solution kills anthrax spores after twenty-four hours; while 0.01 per cent. solutions retard the development of most toxic organisms, and 0.4 per cent. solutions absolutely prevent all growth. In ten or twenty per cent. solutions it is not corrosive, but causes violent irritation. It is especially useful in gonorrhea, as it penetrates deeply into the tissues. Pencils of two to twenty per cent were used, the strength varying with the quickness of the effect desired.

TERRALINE is an elegant preparation for affections of the lungs and bronchial tubes. Sample. Terraline Co., 1316 L Street, N. W., Washington, D. C.

FOR cut rates in Instruments send to I. Phillips, 69½ Whitehall St., Atlanta, Ga.

FOR Elastic Bandages, Supporters and Trusses, send to the Empire M'f'g. Co., Lockport, N. Y.

SAMPLE cake of the fine Sozoderma, or Thymoline Soap, by addressing Hall & Ruckel, 216 to 220 Greenwich St., New York, N. Y.

FOR fine hollow suppositories send also to Hall & Ruckel, above address.

FOR buggy cases send to Western Leather M'f'g Co., 81 East Illinois St., Chicago, Ill.

FOR pulmonary troubles Freligh's Tablets have proven a great success.

PROPHYLAXIS of Cholera Asiatica. "I have been prescribing preventive medicine for diphtheria for many years and have never had a second case develop. When diphtheria appears I have made it a constant practice to put all those exposed to infection upon Listerine, taken in drachm doses at each meal; and during the three years of la grippe I ordered my family and all my friends' families to use it after each meal, as long as there were any cases in our city. I did not once fail in preventing both diphtheria and la grippe when Listerine was taken faithfully. In several instances persons being called from home neglected the Listerine preventive treatment and returned in a week or two with la grippe fully developed, I believe that the only safe quarantine against

(*Continued on next leaf.*)

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THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

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C. F. TAYLOR, M. D.,
J. J. TAYLOR, M. D., } EDITORS.

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The Duty of Saving Life Rather Than Destroying It.

When we become, as the ethnological chapter in our school Geography describes us, "highly civilized and enlightened," we shall place the highest premiums upon life-saving ideas and measures and confer the most distinguished honor, and bestow the brightest medals upon those who achieve distinction in this field of activity. Military honors will be subordinate in popular estimation to sanitary honors. That we have not yet reached that high plane of humanitarianism is evidenced by the fact that England has long held military and political sway over India, the home of cholera, where she has spent much money and sacrificed many men in brilliant military exploits, and yet she has not done one thing to suppress cholera in all that region. England has been quite successful in stamping out cholera on her own soil by her most excellent sanitary system. She should apply the same splendid scientific knowledge and executive ability towards a complete eradication of the scourge at its breeding place within her own dominions. The Queen of Great Britain should demonstrate her right to the additional title of "Empress of India" and immortalize in all future history her reign over that country by the accomplishment of this most beneficent object. A scientific corps sufficient for that purpose could be maintained at a tithe of the expense required to support her immense military establishment in that country. In assuming military and political domination over that country it is her duty, in recognition of the rights of humanity at large, to do as we have suggested.

Whenever India sends the scourge abroad to endanger lives and interfere with industry and commence, all civilized nations should hold England responsible, in proportion to her negligence manifested, and, making it a common cause against her, should demand indemnity in proportion to the damages sustained.

How to see the World's Fair Without Fatigue.

Sit down and rest a few minutes at every convenient opportunity. See as many things as possible from a sitting position. Bathe the eyes in cold water frequently and rest them by closing them awhile frequently.

Wear perfectly comfortable broad shoes and stockings. Bathe the feet in cold water when you return at night and before starting out in the morning. Change hose daily. Take a full bath daily.

Eat no very full meals nor indigestible substances. Eat frequently, about five or six times daily, of plain, simple, nourishing food, in moderate amounts. Carry sandwiches or cheese, crackers and dried beef with you for that purpose. Carry also small cakes of chocolate with

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you and occasionally take one dissolved in a glass of cold or hot milk, which can be procured on the grounds. When feeling fatigued, dissolve a grain of phosphoric acid in a glass of cold water and drink it. The acid may be carried with you in a small vial in the form of stick or granules.

Keep the bowels and kidneys normally acting.

Take plenty of sleep. Stop and go to your room when you feel pretty tired, as what you see when in that condition will be of little satisfaction or benefit to you.

Do not Meddle too Much in Breech Presentations.

In an excellent article contributed to the August *Massachusetts Medical Journal*, Dr. J. P. Gilbert, of Quincy, Mass., argues that the breech as well as the vertex, is a natural presentation. He advises against too much interference, especially bringing down the legs and thus converting it into a so-called footling presentation. The complete doubled up breech acts as an effective dilating agent, preparing the outlet for the rapid and safe birth of the after-coming head. For this purpose, also, the physician should wait patiently the gradual efforts of nature, rendering only such absolutely required assistance as will not interfere with the natural process. Also, the cord is usually protected from pressure by lying between the limbs flexed against the body. Traction should be avoided for the reason that it alters the position of the head, bringing it into the extended instead of the natural flexed position. While these are established principles in the practice of the best obstetricians, they cannot be too strongly impressed nor too clearly understood. For details of diagnosis and treatment the entire article should be read by all who feel that they are not clear regarding the philosophy of pelvic presentations.

Abolish the Nominating Committee.

In many medical associations there exists a method of choosing officers that savors altogether too much of ordinary politics and that offers temptations to the employment of corrupt methods—the formation of cliques and the practice of favoritism. A nominating committee is constituted, which holds a formal session and reports to the meeting a ticket more or less made up according to previous understanding. There being no opposition and no opportunity to develop any, this ticket is perfunctorily elected "by acclamation." It is hardly necessary to remark that this is altogether too much like a monarchic or an aristocratic form of government to be in accord with our republican institutions. Let us have a system that will give each member, however humble or obscure, a full opportunity to express his individual perference for each office, and the association the privilege of choosing those for office whose merit and popularity, notwithstanding their modesty, will secure the greatest efficiency in the discharge of official duty. This desired object is attained by what is known as the informal ballot, as follows:

No nominations whatever are made and no one is eligible who is known to have canvassed or otherwise directly or indirectly solicited office for himself or his friends. This rules out the professional politician at once.

One office is balloted for at a time. If there is a group of offices of the same grade, as, for example a number of Vice-Presidents, the entire group is voted for on one ticket and at one balloting. Ballots are collected in the interval between the reading of papers, while general discussion is going on, and counted by the committee of tellers aside from the general meeting. Thus the only time lost is that consumed in hearing the announcement of the result of the vote after each balloting.

The ballot is taken as follows:—The President announces that the tellers will now collect the votes for the office of, say, President. The tellers then pass through the assemblage (while business is progressing) and each member casts his vote for the man whom he prefers for the office in question without any nomination, previous mention or influence whatever from any quarter. If there is any one whose merit is so conspicuous that more than half of the voters prefer him to all others he will be elected on the first ballot. If, however, as generally occurs, no one has a clear majority of the votes cast, an election usually results from the second or third balloting by some of the more prominent ones

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voted for receiving the votes which had at first been given to those who had received but few. If the third ballot does not result in an election, the process is begun of dropping some of the lowest on the list and confining the balloting to the higher ones, who then, for the first time, become formal candidates, by the spontaneous action of their admirers. It is seldom that an election by this process reaches this point, however, as a spontaneous choice—and sometimes a unanimous one—is generally reached by the first, second or third ballot. This represents the choice of a clear majority of the members, and not of a scheming nominating committee. There are no candidates and there is no electioneering or log-rolling. An election by this method is a real honor, as it means that the one chosen is highly regarded by a large number of the members.

This method also, by eliminating politics from the meeting allows the time to be devoted to the purely scientific and social objects of the association. It has been tried with gratifying success in other than medical bodies.

Bisulphate of quinine is said to be used in some of the secret hernia cures. A solution (generally in the proportion of from four to seven grains to the dram of distilled water) is injected into the hernial sac and the parts thoroughly kneaded to bring the solution into contact with the entire surface of the sac. This treatment is also said to be successful in the treatment of hydrocele. The sac is evacuated of its fluid contents and injected with the quinine solution.

It is quite in order now to say to the student about to enter upon his course of lectures "young man, don't go to preparing for that examination—let it take care of itself, you prepare for the practice of medicine, surgery and obstetrics."

The October number will be devoted to that phase of medical practice which relates to the regulation of diet both for the sick, in the various diseased conditions, and of the well, to enable them to retain their health. We hope that each one of our readers will give some brief practical truth on this most important subject. Send copy on or before September 5th.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Constipation Treated Mechanically. Fistula-in-ano. The Opium Habit.

Editor MEDICAL WORLD:—Some cases of chronic constipation obstinately refuse to yield permanently to drugs, no matter how carefully adminstered. A case cannot be called cured, as long as medicine must be taken to keep the bowels open. While the laxative granules taken according to directions will relieve all cases and cure nearly all, there is still a remainder. I find that these persons generally complain of pain in the sacral region, sometimes extending up or down, with irritability, headache, nervousness, etc. The stools are compressed into ribbon or pipe-stem forms. I wonder how much of the sum total of female nervous irritability depends on constipation? At present I feel like prescribing dilatation of the anal sphincter as a specific for a scolding wife. In the cases described above, the sphincter is usually contracted, of gristly consistence, and very difficult to dilate. I adminster bromide of ethyl to unconsciousness, and dilate with the thumbs. Sometimes it requires all my strength to do this; and in one case that of a physician, I was not at all satisfied with the utmost dilatation I could produce, and believe it will still be necessary to cut the sphincter.

The results of the dilatation are quite satisfactory. Relief is marked from the first, and in some cases dilated several months ago, the difficulty has not returned. Indeed, in two cases dilated ten years ago, one for hemorrhoids and the other for constipation, the cure has been permanent.

A thing may be very good indeed, but not good for everything, and no matter how valuable a method of treatment may be, it has its limitations. I have employed the elastic ligature in many cases of fistula in ano, and with very satisfactory results: but it is not to be con-

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sidered by any means the only method of treating this affection. A few weeks ago a man came to me sent by a former patient, because I cured fistula without the use of the knife. I examined the case, and found a large fistulous opening directly posterior to the anus, about half an inch from its margin, opening directly into the rectum and not involving the sphincter. The margins were excavated, and looked to me very much like the breaking down of a gumma, though he strenuously denied having had syphilis. The pain he suffered was described as exceedingly severe; and his harassed look and haggard countenance fully confirmed this statement. I took a scalpel, passed a grooved director through the fistula and out at the anus, and cut the bridge of tissue at once. He scarcely winced, and continued telling his story. I then curetted the surfaces thoroughly, and directed him to apply europhen ointment several times daily, first washing well with peroxide of hydrogen solution. He reported a week later much pleased with the result. The pain had ceased with the operation, and had not returned. The ulcerated surface was contracting, and he had no pain whatever at stool. The improvement in his general appearance was striking.

Now what would have been the sense in tying the fistula, and leaving the man to suffer for days, when it was so easy to put an end to it at once? your man of systems who deals with cases *en bloc* stretching all of his victims on one Procrustean bed, would treat all cases indiscriminately by one method, regardless of individual differences. I believe in specific medication; and that every case demands its own specific treatment. There is just the difference between a suit of clothes made to measure and the ready-made "hand-me-downs." Consequently I find myself very often unable to reply intelligently to the correspondents who write to ask me how I treat certain diseases. Especially is this the case as to morphine habitues. If there ever were a disease that cannot and must not be subjected to routine management, it is the narcotic habit. No two of my cases have required the same *regime*.

Number one was a big, fat overgrown fellow, who had to be reduced about fifty pounds. by massage, Turkish baths and all sorts of physical exercises, especially running in the open air in the earliest morning hours.

Number two was a cadaverous specimen, a worn-out body, and a mind enfeebled by indulgence. He lay in bed for weeks, fed up most carefully, taking cod-liver oil and hypophosphites, before we could begin on the gentlest exercises.

Number three presented symptoms of cerebral conjestion, as soon as the morphine was lifted, and took many grains of the bromides daily, for weeks.

Number four when he came out of his devil's paradise at once showed the strength of his craving for the drug by developing suicidal melancholy, and so on

With every case, there comes a crisis, when the faculties of the physician are taxed to the utmost Spite of qualms, they bear up well until the daily dose has been reduced to ½ grain. Then comes the struggle, to get rid of this last fragment. I simply drop everything else and *live* with my patient night and day, until the first long, sound, drugless sleep shows that the enemy is conquered. During this time every sense is on the alert. Every device imaginable will present itself, every specious appeal made, every refuge of lies erected to shirk the task of meeting the trouble squarely and fighting it out to the bitter end. And yet that is just what must be done, to secure a permanent cure. And as some underlying disease is apt to show itself at this time, we must beware of undervaluing the symptoms, and setting all down to the wiles of the evil one We must distinguish between the true and the false, or a disaster may occur. The patient thrashes around the bed, unable to lie still a moment. We meet every move with quiet firmness, investigate every complaint. He has pains anywhere and everywhere, whose intensity he describes with a wealth of imagination never witnessed under any other circumstances. But this inordinate suffering is in a moment forgotten, as his attention is attracted elsewhere, unless he thinks he has made an impression on you, and then the boring is pursued unremittingly, until he either gets the dose or sees that you will not give it. Then he is going to die, he is dying now, going fast. He can't stand it any longer which statement you receive with the same benevolent interest as in confinement cases. He isn't in condition now: suppose we take a thumping big dose, and begin again, next day, when he is in better shape. Finally, he recollects very important engagements at home: he will go back and attend to them and return to complete his course.

To all these and countless other appeals you return a smile, a few kindly words of encouragement, or, if he is too nearly serious, you have always your trump card ready: "Doctor, you can have your dose whenever you say so, but remember that the fight is only postponed, that every grain of anything you take to make the struggle easier means that much less chance of the cure being permanent; and for your family's sake ———" "Ah! that is so. The

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wife and the babes, for their sake I'll go through hell itself;" and you know the victory is assured; the demon is conquered, and the man will go out among his fellows once more with head erect, his manhood vindicated. How the woman ought to love and honor the man who will for her sake endure such trials.

Just let me say here that I have never yet seen a case where it would have been possible or safe for a man to go through this ordeal as he was when he came to me, without the special preparation required by his general condition He must be trained up to it, just as a prize fighter is trained for his battles. Without this training the man will fail or die.

During all the struggle the patient is carefully tended; fed, bathed, shampooed, all the little attentions that ease the suffering or divert the attention, while nutrition is persistently enforced. Nor is his mind allowed to dwell on his sufferings continually. He is made to interest himself in other things. Music has a wonderful effect; and the soft strains of Schubert's serenade or Traumerei have soothed many a restless moment as the grand march of Beethoven's thoughts has aroused the dormant powers.

But my readers may ask: "Why this suffering, when so many specialists announce that they can cure the opium habit without any suffering at all?" That is not so difficult. For every pain, every unpleasant sensation, there is a remedy and the patient can be entirely relieved of the opium or any other drug habit without any suffering worthy of the name. But will he stay cured? The painless cure idea is based on a mistaken theory as to the true pathology of the disease. Your opium man is a shirk, a self-indulgent weakling. What you want to do is to arouse his manhood, and send him home to his life's duties strong in the sense of self-mastery that alone gives him security. Our grand old Calvinistic fathers understood this when they sang: "Must I be carried to the skies on flowery beds of ease?" They knew that heaven is to be won only by hard knocks, and earnest mortifying of the flesh. Which develops the manhood best, bravely meeting the enemy and fighting him down, or skulking behind every shelter, running to drugs for aid for every unpleasant sensation? Why don't some one write an article, or a book on the Therapeutics of Pain?

Nevertheless, while this is the correct theory, it must be applied with judgment. The suffering may be salutary, but it must not be destructive. Justice must be tempered with mercy; and the patient must not be required to suffer beyond his strength. I never refuse a dose of opium when asked for it; in fact, I always leave a dose in my patient's hands with permission to use it if he feels that he must. So far in my experience that dose has never been taken.

How can a man be cured if he goes home with the chloral habit, the codeine, cannabis or chloroform habit? or if he goes home with nerves shrinking from every unpleasant sensation, and ready to resort to any means of relief? It is one of the pleasant things in a checkered life, that every one of my patients has returned home an attached and valued friend, and not one, so far as I know, has ever relapsed; nor have I any fear that they ever will.

WILLIAM F. WAUGH, M.D.
1725 Arch St., Philadelphia, Pa.

The New Colorado State Law Requires Three Years or an Examination.

THE COLORADO STATE BOARD OF MEDICAL EXAMINERS.

J. N. Hall, M. D., Secretary.
Denver, Colorado.

DENVER, COLO., July 24, 1893.

Editor MEDICAL WORLD. Dear Sir:—If you think it of sufficient general interest to merit publication, I should be glad to have you publish the following regarding our present Colorado law:—

MEDICAL PRACTICE IN COLORADO:—

Hereafter the Colorado State Board of Medical Examiners will recognize only diplomas from three year schools as entitling their holders to license. The courses of lectures must have been of at least twenty weeks each, and given in three separate years, and a preliminary examination must have been required. Instruction must have been given in anatomy, chemistry, physiology, pathology, materia medica and therapeutics, obstetrics and gynecology, surgery, medical jurisprudence, theory and practice of medicine and hygiene.

In default of such a diploma the candidate for license must pass an examination in anatomy, chemistry, physiology, pathology, surgery, obstetrics and gynecology, and theory and practice of medicine.

I am, yours very truly,
J. N. HALL, M.D., *Sec'y.*

Editor MEDICAL WORLD:—Having been a constant reader of THE WORLD for two years, Ifind it a source of much valuable information which is not obtainable elsewhere. I would as soon think of being without my complete medical library altogether as being without the "Physician's Friend," THE MEDICAL WORLD. I keep every number on file for future reference, and find them indispensable, any physician who does not read THE WORLD surely cannot appreciate the assistance of a high grade publication.

Boston, Mass. Wm. A. HALE, M.D.

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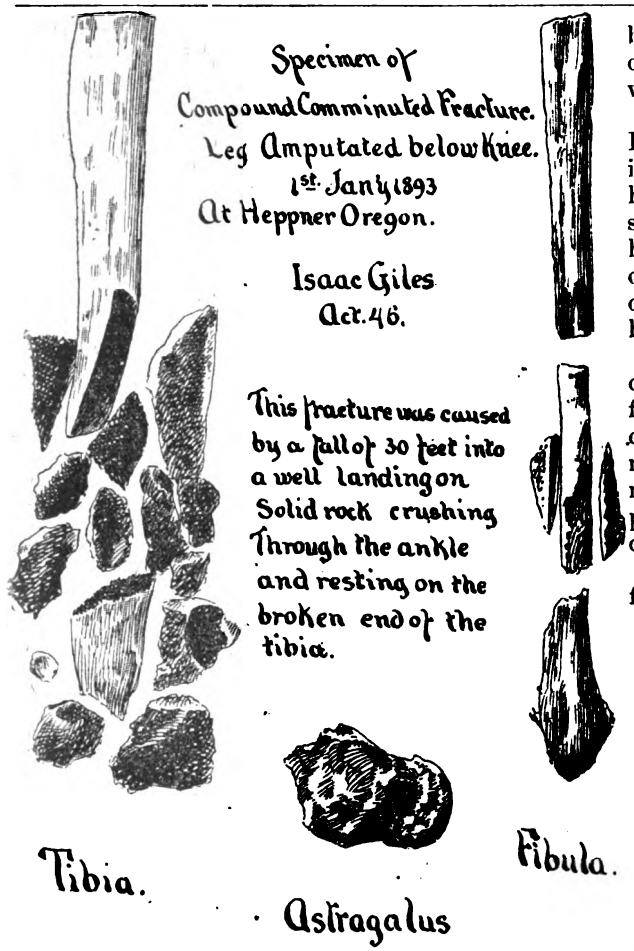
Specimen of
Compound Comminuted Fracture.
Leg Amputated below Knee.
1st. Jany 1893
At Heppner Oregon.
Isaac Giles
Aet. 46.
This fracture was caused by a fall of 30 feet into a well landing on Solid rock crushing Through the ankle and resting on the broken end of the tibia.
Tibia.
Astragalus
Fibula.

bers of THE WORLD, and on page 373 of the October, 1892, number I found what I needed.

This article is from the pen of Dr. P. H. Thornton, of Lakeport, Calif., and is entitled "A Cheap Steel Leg." We had constructed, according to that description, a limb at a trifling cost, which he has now worn for some months, and daily follows the arduous toil of a well-digger, using this limb with comfort to himself in all his movements.

I may state that Dr. Thornton very courteously furnished all additional information relative to this matter, and in conclusion, I beg to call the attention of members of the profession to the article mentioned as a valuable addition to the prothetic appliances at the command of country practitioner.

I enclose you photo illustration of the fracture, and the appliance in use.

E. T. GAGEN M.D.

Heppner, Oregon.

Practical Illustration of a Cheap Steel Leg.

Editor MEDICAL WORLD:—I desire to bring to the notice of the profession the following case. Not that there is any thing unique in the injury or treatment, but in acknowledgment of the benefits derived from the perusal of your indispensable journal.

On 1st of January 1893, I. G., aged 46, sustained a compound comminuted fr cture of the leg, attended with irreparable injury to the vascular and nervous structures. After consultation with my colleagues, Drs. Swinburne and Shipley, I amputated the limb at the junction of the upper and middle thirds, which healed up in due time.

This patient was a laboring man, of limited means, and consequently unable to purchase an expensive artificial limb. Taking a deep interest in this case, I examined the back num-

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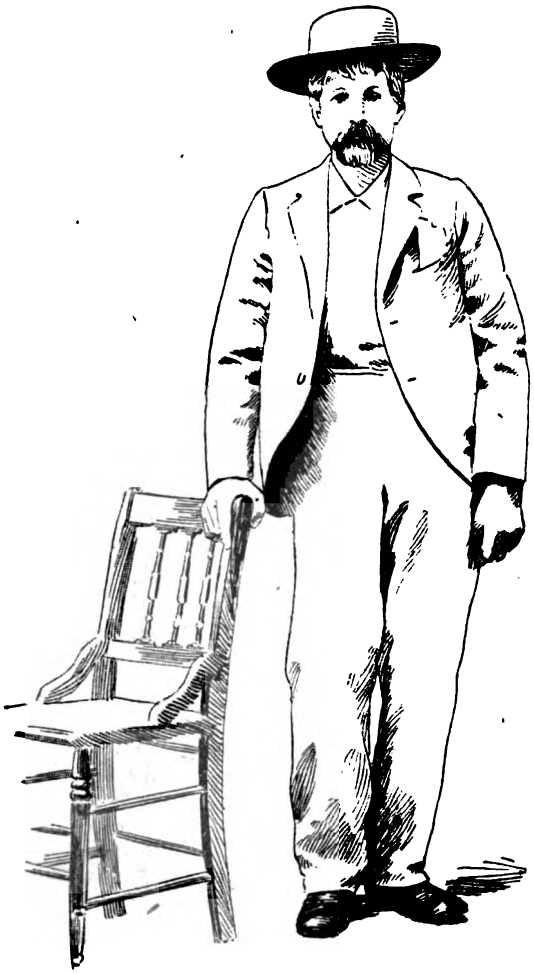

A Case of Variola Treated Dosimetrically and its Results.

Editor MEDICAL WORLD:—One Sunday last winter I was called to see a patient at North Westchester, about five miles from our Borough. There I found a young man about 21 years of age, sick, and exhibiting the following symptoms:—Sore throat, dry cough, tongue coated and swollen, temperature 104, pulse rapid; an eruption had commenced and was visible in the scalp, forehead, lips; this finally spread over the body and was discernible in the palm of the hands. Upon touch the swellings felt hard as a shot; but there was no liquid effusion in these conical swellings. Upon inquiry I learned that this young man was employed in a paper factory where rags are used to make pulp. He had suffered with malaise for several days but had kept at his work until Saturday when he was compelled to give up work on account of severe headache and pain in the back.

After gathering all the information possible I diagnosed the case one of variola, and proceeded at once to apply the treatment recommended by Dr. Castro in his work on dosimetric therapeutics and practice.

I gave the patient two granules of sulphide of calcium, ½ gr. each, every fifteen minutes; this to be continued until the odor of the drug should be detected upon the body; this being the case the granules were to be given every half hour.

After eight hours of the fifteen minute administration the patient had free action of the bowels, three or four stools, very dark and of a very offensive odor. After this the treatment was given every half hour.

The next day I visited the patient, and found the eruption still visible but no liquid effusion had formed in the swellings as yet. I continued the sulphide of calcium treatment with the addition of salicylate of sodium and sulphate of strychnine. The temperature that day was 102, pulse not so rapid; no delirium had been noticed.

The third day I found the patient rather better; the swellings had a dried up, scaly appearance; temperature and pulse normal. Treatment continued as on previous day.

The fourth and fifth days continued improvement; no pustulation, but a disappearance of the eruption, leaving behind it red spots with small scales on the borders. Treatment cut down but not ceased.

On the sixth day the patient left his bed, took a bath in carbolized water and remained up all day, though not leaving his room; of course he was not allowed to leave his room for several days afterwards, though discharged as cured. Now the question is: Was the treatment, as advocated by Drs. Burggreave and Castro, successful in causing the eruption to retrograde and by the liberation of sulphuretted hydrogen in the system destroying the parasites, hindering the formation of the liquid effusion in the swellings and did it thus jugulate the dreadful disease?

I may be an enthusiast upon the question of dosimetry, but for all that I am persuaded that had I followed the old treatment of thirty years ago, I would have on my hands in a few days a disgusting object to look after; and, even had the prognosis as to life been favorable, the patient would have come out more or less pitted.

I believe Castro is right when he says:

"Even after the eruption has commenced, it can be made to retrograde as long as there is no effusion of liquid in the swellings."

As to the preventive effect of the treatment

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it proved successful in four cases in the same family who subsequently suffered from variola fever without any or at least with very few swellings appearing on the body. Thus far our experience has proven the fact of the antiparasitic properties of sulphide of calcium.

Colchester, Conn ED. CORNET, M.D.

[The doctor is quite right as to the power of sulphide of calcium to prevent the formation of pus. If we mistake not it was first advocated in this country by Dr. Louis Lewis in this journal. It should be given as the specific treatment in all septic inflammations, regardless of whatever additional, or symptomatic treatment is employed.—ED.]

Calcium Sulphide in Systemic Infection.

Editor MEDICAL WORLD:—The purpose of this communication is not so much to detail the treatment of cases as to endeavor to stimulate research in this direction. When calcium sulphide became prominent, a few years ago, as a remedy for boils and other suppurative processes, it was eagerly grasped by the profession, but expectations were doomed to disappointment as the looked-for results were, in the majority of instances, not obtained. I was one of the disappointed ones, and for some years looked upon the drug as practically worthless but, later, since I have been working more in the field of investigation and only handle drugs in the fresh, pure state, the reason for the above has been made plain and, now, I fully endorse all that has been said in its favor, even go farther and look upon it as the most powerful, non-toxic, systemic antiseptic we possess.

The reason of this wide-spread disappointment is the same that has led to similar results so many times and has caused other valuable drugs to sink into disrepute. Our prescriptions were filled from the open stock of the dispensing pharmacist, the top layer of which, through exposure to air, becomes utterly worthless, while the original investigators reported on the use of the freshly prepared drug.

It is a difficult drug to handle; it oxidizes rapidly on exposure, as above stated, and its heavy mineral base makes most of the pills and tablets inert, from insolubility, when made in the ordinary way, even if the drug is good to start with. A yellow drug is also unreliable, only such should be selected as is dark slate-color and has an overpowering taste and smell of sulphureted hydrogen. This gas is rapidly given off on contact with air and the residue is medicinally inert; therefore, the quicker the drug is put into the form in which it is to be used and protected by a suitable coating the less oxidation will take place and the better it will be.

Many of my professional friends have been led, by the above explanation, to give this drug a second trial, making use of properly prepared granules, and have been led to reverse their decision, believing now, as I do, that we have no better-remedy for the conditions in which it is indicated, namely: all contagious diseases—especially the eruptive—all diseases in which ptomaines are formed and absorbed and all conditions accompanied by suppurative processes through systemtic infection.

I intended at first to detail some few cases, but I find this discussion, incomplete as it is, already long enough for your readers, and by your kind permission will reserve more for a later letter. I shall be glad to answer any questions that may be asked by private letter or through the columns of THE WORLD, and shall be amply repaid if I am, in a small measure, able to place this much abused drug before you in its true light. DR. W. C. ABBOTT.

Ravenswood, Chicago, Ill.

To Remove Tattoo Marks.

Editor MEDICAL WORLD:—One of your inhabitants wants to know how to remove "tattoo marks," pricked into the skin with India ink. I "cut" the following out of *my* "Index Medicus."

"The tattoo spots are first covered with a strong solution of tannin and this is pricked into the skin, the same as the india ink, then the same parts are rubbed over with a stick of lunar caustic and let turn black. The excess is then washed off and the parts allowed to take their natural course. After the third day no pain is felt, after the twelfth or fourteenth day the scab drops off leaving a pink cicatrice which disappears in a couple of months." See *New York Medical Times*, April, 1889, page 34. Those who read my article in the *Medical Summary* of June ("note what you read") will see how useful such notes become sometimes.

Brodnax, La. DR. BEN. H. BRODNAX.

New Remedy for Dysentery.

Editor MEDICAL WORLD:—I desire to give treatment of a case of dysentery, and result, thinking thereby I may help some of THE WORLD'S family, should they have a similar experience. The case was that of a young man 28 years old, who had been sick a week before I saw him. When I was called in he was suffering with fearful straining and griping pains and a desire to go to stool forty to fifty times in the twenty-four hours.

Muco-fecal and bloody stools. Could get nothing to stay in the stomach. Gave hot water

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injections after each stool, with borax. After stomach became settled, I gave a dose of castor oil with fifteen drops of tincture of opium, later sulpho carb. zinc, opium, bismuth and camphor —all did no good. I exhausted everything in the books, gave arsenite of copper, salol etc., a trial and could only relieve pain, but not the discharges. At last I tried an infusion of yarrow leaves, and it acted like a charm, and the patient soon began to recover. He was entering on the third week when I began the last named remedy. The stools in less than three hours showed no blood nor mucus. Patient had began to get sinking spells after a movements of bowels; I revived him by brandy and mint. I believe the yarrow saved his life.

Woodstock, Va. W. S. CLINE, M.D.

Medical Treatment of Hemorrhoids.

Editor MEDICAL WORLD:—In July number I find formulæ for ointments for hemorrhoids and, as we must use such things for patients who refuse operations (and many times with as good results) I want to give your readers the formulæ I have found best suited to most cases, and which I have seen cure many bad cases:

R. Cocaine muriate.....gr. 4
Hyoscyamus ext
Iodoform .....aa.....gr. 8
M. ft. suppositories No. 8.
S g.—Use one as needed to allay pain.

Also use

R. Unguent hydrarg. nitratis (citrine ointment)
Unguent resinæ.....aa.....ounce ss
M. Sig.—Fill small capsule and use twice a day.

Capsules are easily filled by first sticking a pin in the end to allow escape of air.

W. W. ADAMS, M.D.

312 Twentieth St., Rock Island, Ill.

A Consideration of "Slow Fever."

Editor MEDICAL WORLD:—Owing to the fact that, in this section, for the past two years, we have come in contact with a variety of fever with so many points in common with, and so many different from typhoid fever or malarial fevers, any light on the subject is desirable. This fact renders the communications of Drs. Jones and McCadell, in the July number of THE MEDICAL WORLD, peculiarly interesting to me. "Slow fever," as it is known here, while not a scientific cognomen, most beautifully describes its course, it—in my experience—continuing for from fourteen days—my shortest case—to sixty-eight days, the longest. The prodromata are general malaise, headaches of varying degree, anorexia and a gradual increasing debility, which causes the patient—who up to this time had resisted the inclination—to take his bed. I have been called to patients who would deny having or having had any fever, whom I was satisfied, from the general history of the case, had a decided febrile movement for several days prior to my visit. In this way it frequently simulates what is known as "walking typhoid." In my experience, looseness of the bowels and constipation occur in about an equal number of cases; occasionally, though not often, we find more or less tympanites, and rarely a case in which it is excessive. In very few cases have I found any intestinal hemorrhage, and then only to a very slight degree. In cases of early convalescence, delirium is rare, while in those of long continuance, low muttering delirium, with carphologia and subsultus most often obtains. In no case have I found nose-bleed, gurgling or special tenderness in right illiac region, rose colored eruption, or a typical typhoid tongue. Sordes on the teeth are rarely seen. There is almost invariably enlargement of the spleen, but the degree of enlargement does not serve as a guide to the gravity of the case, for some of the largest spleens, I have found in the mildest cases. Tenderness over the region of the liver is often found, without notable engorgement; the tongue is at first covered with a whitish fur, gradually changing to a yellowish or brown color as the disease advances. In the majority of my cases the tongue has been comparatively moist throughout the course of the disease, and in but few cases has any excessive redness developed. In several cases I have found some soreness of the tongue and gums, with sponginess of the latter, seemingly of a scorbutic nature.

While the mortality is by no means so great as in typhoid, yet this fever is not devoid of danger, occasional deaths occurring from uncomplicated cases. So few deaths, however, and the unwarranted prejudice existing against post-mortems, have prevented any researches into existing pathological lesions, if any, and consequently we are at a loss for a definite pathology in this disease.

This fever seems to run a certain course, regardless of any line of treatment, and is not in the least influenced by anti-malarial remedies. Such remedies I often make use of in the earliest stages, when the diagnosis is in doubt, purely as a diagnostic test, and have found them a great aid to diagnosis in obscure cases. If called early I generally premise the treatment, with a mercurial purge, often in combination with ipecac and bi-carb soda, and this is repeated when necessary, throughout the course of the disease. If, after the administration of quinine to cinchonism, no abatement of the fever occurs, I place the patient on Bartholow's prescription:

R. Tr. iodine.....2 minims
Ac. carbolic.....1 minim
Repeat every three hours.

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Antipryetics, preferably acetanalid, are used if needed to control the body heat. As the disease advances, and debility becomes marked, with nervousness, I use:

R. Spts. turpentine.....2½ drams
Fl. ex. valerian.....4 ounces
Mucilage acacia. ad.....8 ounces
Two tablespoonfuls, repeated every 3 or 4 hours.

This prescriptien, I have found, controls more perfectly the delirium and subsultus than any other that I have used, also acting charmingly in cases where the bowels are inclined to be irritable. Of course astringents are added as indicated. Occasionally when the bowels are tympanitic, and inclined to looseness, the patient is greatly annoyed with borborygami, for the relief of which I have found nothing to equal fl. ex. assafetida, in 10 to 20 drop doses repeated *pro re nata.*

When there is considerable variation in the morning and evening temperature, with a relatively low degree in the morning, I administer quinine, in 10 to 20 grain doses, every second or third day according to effect produced. Where there is but little variation, I sometimes use it in 1 or 2 grain doses combined with 1-6 grain cocaine and 2 to 4 grains of acetanilid, repeated every 2, 4 or 6 hours. I have apparently had good results from both modes of administration. The patient is fed with nourishing, easily digestible diet, and where digestion is imperfect the digestive ferments are used. Alcohol is given when needed most often combined with eggs or milk, and when the heart shows evidence of weakness, Da Costa's heart tonic and stimulant is used. In two or three cases lately, I have had administered from the beginning, Goodell's four chlorides, and I have thought with specially good results. With this course of treatment my success has been exceptionally good. I was much pleased to peruse the communication in the July number, from Dr T. B. Grayson, of Winkler, Texas. If this should meet the eye of the doctor, he will no doubt recognize the cognomen of one of his old associates in the C. S. A. medical department, and will bring up memories of Mud Island and its mosquitoes. The prescription given by the doctor is correct as given. I copied it from the *Boston Journal of Chemistry,* about 1873, and have used it in cases of amenorrhea and dysmenorrhea ever since. It is a stock medicine in our drug store, made and kept as constantly as any other preparation, officinal or unofficinal. The results from it have always been satisfactory to me. In conclusion, without fulsome flattery, I like THE MEDICAL WORLD immensely.

Marquez, Tex. A. D. BOGGS, M.D.

The "Slow Fever" is a Veritable Typhoid.

Editor MEDICAL WORLD:—In your August number page 268, Dr. J. D. Bruce, of Green Cove Springs, Fla., writes of a peculiar "Slow continued fever" or "twenty-one day's fever," which he admits resembles true typhoid or enteric fever, and demands the same sort of treatment and yet he is sure it is not "enteric fever," because the "petechia" and "gurgling" are absent, and it is mild and not amenable to quinine treatment. Has treated about 75 cases without a death and therefore has not had opportunity for a post mortem. We have the same sort of fever here in Minnesota, and when I saw my first cases, 25 years since, and an old Minnesota physician assured me that i was only one of the forms of typhoid fever, I tht ught him very unscientific, as I had studied aond treated enteric fever ten years in the South (Missouri) and had never seen anything like it. But I desire to assure Dr. Bruce that when he has an opportunity to have a post mortem he will change his mind or rather his diagnosis, and be assured that it is indeed a veritable typhoid fever.

The lesson which this suggests is this; of what little value is any man's opinion (or diagnosis) of a disease of this class when not predicated upon post mortem investigation.

Very kindly,

C. G. SLAGLE.

307 Plymouth Ave., Minneapolis, Minn.

Minneapolis College of Physicians and Surgeons.

Malaria From a Practical Standpoint.

Editor MEDICAL WORLD:—In the current, July, number, you want to hear from those who have *studied* "malaria" and its effects. Experience, to be worth anything, must be practical, and from long comparative treatment. As to *cause:* The water drank is the medium by which it, or the germ, or the bacillus enters the system. It cannot be by what is eaten because the process of cooking kills the cause. It must be by a medium which is not even heated. I could give you a long list of proofs but you don't want long articles. I usually enjoy the best of health; am 61 years old; have lived here 23 years, and on the upland, between cane-brakes, sloughs, the Mississippi bottom, and a bayou (or river) almost dry in summer, not a salubrious climate; chills are as "common as pig tracks in a lane." Now unless I drink the "bayou spring water" or the "swamp well water" *I never have any chills.* Let me be ever so well, one night and day spent on the bayou, or in the swamp, drinking the water during the time, and in three or four days I have a chill. I seldom have a second one be-

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cause I go to work and get rid of it. When compelled to drink the water I put in a few drops (10 drops to the glass) of dilute nitric acid and escape. I often go two or three years without being troubled, although I am constantly in one or the other of those places. I have recommended the water to be boiled and cooled for next day's use. When this has been carried out, I have known the family to have no chills, while the other families, ten to twenty, on the the same place, who were too lazy or careless to do it, have every member of the family down at a time.

In chronic chills I use iodide of potash, five grains, three times a day, every week, alternately with some bitter tonic, say:

Black haw root bark.....2 oz
Dogwood bark.....2 oz
Willow bark .....2 oz
Whisky.....½ gallon

One-half wine glass as a toddy, 2 or 3 times a day; this for women. Never prescribe whisky under any circumstances for men.

For children and men I order some of the "chill tonics," "Pelican state," "Cheolhams" or "Plantation chill cure." Quinine has gone ous of use in my practice, because I do not like itt effects, and *it does not cure* the chills. (Is this putting my fist under the noses of the professors?)

Combined with these tonics I order tincture of iron muriated, or in some cases the following *acid iron tonic:*

Nitric acid .....1 oz
Muriatic acid.....1 oz
Sulph. Iron (copperas).....2 drachms

(Nitrate potass. or chlorate potass added.50 grains in ammonia.) Let mix and stand for 24 hours; shaking occasionally. For adults, 10 drops 3 times a day in sweetened water.

For children I have made tumbler full with 12 or 15 drops of the preparation in it, sweetened, and give one or two wineglassfuls as often as they want it.

"*Or have had unusual success in treatment.*" I quote last sentence of your editorial. I have not had a case of so-called "swamp fever," "sysemia," "malarial hematuria," (call it what you please—*hemorrhage from quinine poisoning* I call it) since I quit using quinine in malarial troubles. While I used it (to the exclusion of the foregoing treatment) I had two to five cases every year and lost about 20 per cent. I have not had a case now in five years. Is that success? It is worse than useless for a doctor to prescribe calomel and quinine and imagine he is doing his duty. I prefer treatment always by calomel, in 1 grain doses, one every half hour. Then my chill tonic to keep off the chill, and between times the acid tonic and iodide of potassium.

Some say it (malaria) is an intestinal disease. I am of the opinion that once a person's system has been inoculated with the poision it is never free of it unless they quit the malarial regions. I have been in good health for a year, and after a single night in the swamp drinking the water, I have in twenty-four hours had a hard chill. It is in the whole system, not entirely in the intestines, and simply checking the regularity of its return every third day does not relieve the course of the trouble. Tincture of iron—iodide of potassium—good tonic treatment, will get the malaria *under control* so that it does not worry the owner of it, but it is there and stays, and the only way to rid the system of it is to leave the place where it grows *in the water supply.* It is no use to "kick" at the last part of this past sentence. You may analyze for a century and you will never find any thing like chills and fever germs any where else except in the *water supply.* Boil that and drink it only and you will have no chill. I have tried it and experimented since 1868.

If any of the WORLD'S inhabitants want to know further, will be pleased to answer any questions as to my reasons, etc. herein given.

DR. BEN. H. BRODNAX.

Brodnax, La.

Mercury and its Preparations.—How they Affect the Human System.

Editor MEDICAL WORLD:—We are living in a very clever age—in fact we are almost too acute for anything in some departments. But questions have long agtitated the scientific, that seem doomed to be a continual mystery. Why does rhubarb purge and opium soporize? These with the whole list of drugs have raised questions never satisfactorily answered. I have chosen one agent I believe now unveiled. It is mercury and its preparations. How do they produce their constitutional effects? It is by their weight.

This view is constantly held out in all the phenomena attending the effects of mercury when taken into the system. In the first place, there is metallic mercury, which when taken, at once gravitates downwards and passes out of the system, provided there is no obstacle in the way, as obstruction, etc. Metallic mercury is not absorbed, but passes through the system pure and unalloyed. Why is this? It is because metallic mercury is heavier than the blood. No substance heavier than the blood can be absorbed into that fluid unless it be capable of diversion, solution, or diffusion. In this way it becomes diseminated or rather attenuated; and in this way becomes lighter than the blood; in this way it is absorbed. Metallic mercury seems incapable of these processes and consequently absorption becomes impossible. Not so with the chemical preparations of mercury, or the fumes

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of mercury encountered by glaziers, gilders, etc.; in these cases the mercury, being divided into almost ultimate atoms, floats in the air and makes its way readily into the system and the blood by the nostrils and lungs, by the mouth and stomach, and also (no doubt, but in small quantities) by the pores of the skin.

Now when a chemical or other preparation of mercury (pil. hydrag. and hydrag. cum creta. are not chemicals but simply combinations) is swallowed, the movements of the stomach and the gastric fluids, mucus, gastric acids, etc., as we have before premised, prepare it for absorption. After absorption in the blood, being mixed with that fluid, it is carried to the heart. The heart shoots the heavy particles into the mass of the blood. The particles of the mercury, being heavier than the surrounding blood particles and influenced by the heart's action, pass the blood particles with such force as to batter, bruise and actually in many cases disorganize the blood.

This is the alterative effect, at times being so intense as to produce great debility. Then these particles impinge on the sensitive extremities of the nerves, bombarding them. A mercurial fever frequently sets in from the continuous castigation received from the mercurial particles.

Now we come to the glands. The glands get tender under the influence of mercury--the parotids, the liver etc., the parotids often ulcerating, and their secretions wonderfully accelerated. Now, why is this? Every anatomist knows how complicated the circulation of all glandular structure is and this accounts for their tenderness. The heavy particle, circulating in intricate channels, continualy collide with the tender structures of the gland, bruising the same. This is very evident when we contemplate the anatomical relation of the parotids with the heart. It is so situated that it receives the mercury right from the cardiac catapult. Then just contemplate the liver with its intricate circulation, its tunnels, grooves and caves; the particles we see are constantly hitting the substance of this organ. No wonder the liver is stimulated—it is actually lashed into a furor then it pours forth its bile—not all pure bile, a great deal is dead blood, the work of the great anarchist, mercury.

Now we will be asked, if the weight of mercury is to account for all the phenomena attending the effects of mercury how is it with the glazier the gilder and mercurial miner's cachexias, as they are exposed to mercury so light that it actually floats in the air? Just see me crawl right out of this dilemma. Those minute atoms, after being absorbed, segregate in the system and in this way become heavy enough to produce all the deteriorating effects consequent on the calling of the above industries. Now you have the modus operandi of mercury in full. There is no question as to the soundness and solidity of the above solution of the great mystery, or at least one of them.

JAMES H. LOWE, M.D.

Knights Ferry, Cal.

Geneva Mineral Water.

Editor MEDICAL WORLD:—All physicians have noted the excellence of a combination of iron with phosphoric acid in the treatment of many chronic affections, and it is obvious that a mineral water containing these ingredients, in addition to sulphate of magnesia, and other of the salts usually found in medicinal springs, must be of distinct therapeutic value in numerous cases. "Poverty" of blood and its attendant debility, such as occur in anemic women and chlorotic girls, should yield to the iron and acid both of which agents act the better in a state of high dilution; while the sulphate of magnesia would hinder constipation. The same ingredients are often indicated in chronic diseases of the kidneys: and, in the calcareous degenerations or chalky deposits in the coats of the blood-vessels, that herald the time when life is on the wane, the free phosphoric acid should tend to act as a solvent. In dyspepsia, too, it would aid the gastric juice in peptonizing albuminous food, for the presence of a mineral acid is necessary to the process. A German spring at Rippoldsau, in the Duchy of Baden, holds these ingredients in solution, besides salts of lime, soda potash and lithia; and the water has long been famous as a remedial agent in anemia, chlorosis, pulmonary catarrh, and chronic renal derangements. Here at Geneva, in New York state, there is a spring that closely resembles the products of Rippoldsau, but it is charged with more iron and free phosphoric acid. It also contains sulphates of magnesia and soda in appreciable quantities, chlorides of sodium and potassium, and salts of lime and lithia. It is of agreeable flavor, and is exceptionally clear and crystalline. It just *regulates* the action of the intestines without purgation; helps digestion, gives tone to the nervous and muscular system, and has a general alterative action on the secretions. I have prescribed it with advantage in gastrodynia and dyspepsia, general debility, and anemia; and have found it of special utility in catarrh of the bladder, incipient Bright's disease and chronic albuminuria. In dyspepsia it assists the action of the gastric juice, as it includes all the same salts as that secretion. It benefits albuminuria indirectly, by promoting better assimilation, and

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But two or three days ago she was walking on a board-walk and stepped on a board that flew up and hit her a heavy blow on the lower part of her abdomen. She suffered slight pain all along until the morning of the above date, when her pain became severe and lasted all day and they sent for me when the waters broke. I found an ordinary gallon crock full of amniotic liquor and the woman in bed with a wooden bucket under it, the water dripping from the chaff tick at a rapid rate. On examination I found the os partly dilated and a mass projecting that I could not diagnose as to the presentation, as it had only entered the superior straight.

I, however labored with the woman for several hours, her pains coming every five minutes and quite strong, until I could make my diagnosis as a monstrosity for sure. The child not having a head, as others, the only points of

directly, by the diuretic effect of the lithia. A little study of the combination that goes to make up this water, will suggest its usefulness in a variety of conditions and disorders; and those who seek a palatable medicinal beverage with tonic and alterative properties, will soon learn to appreciate the mineral water of Geneva. Two or three glasses may be taken early in the morning, before dinner and at bed-time.

LOUIS LEWIS, M.D.
2011 Arch St., Philadelphia, Pa.

Monstrosity—Resembling a Bull Frog.

Editor MEDICAL WORLD:—On the 11th day of July, '93, I was called to see Mrs. S. at about 11 o'clock P. M. On my arrival I found her with severe labor pains and she told me that the waters had broken and she had not expected to be confined for six weeks yet.

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recognition I could discover were the mouth, nose and eyes. It stuck for several hours and as I could not apply forceps on account of the small and tapering head, I asked the family for a consultant. Dr. Marand Rothrock was sent for, who arrived at about 5 o'clock, and our united labors for two full hours, with blunt hook, fingers, etc., brought to the world the monster.

In its appearance it resembled a bull frog. It had none of the cranium bones. Its highest points about head were the eyes and they were very prominent. Its face resembled a natural one with the exception of no chin and forehead.

On the upper part of the back was seen a spot that was the end of the spinal column for the atlas was very plainly exposed to view and on the back part of head it had a small mass that seemed to make a flap to fill up the depression made at the end of the spinal column. It was a female child and the rest of the parts were natural.

We never showed it to the mother and can not find out that she at any time met with any object as to make such an impression.

She had been quite miserable during the time she bore the child, and was expecting twins, as the amount of amniotic liquor made her quite a large abdomen; the amount was about nine or ten quarts.

Nothing more abnormal occurred about the case. The woman made a good recovery.

Freeburg, Pa. D. G. SMITH, M.D.

Malaria With Other Remedies than Quinine.—Reply to Dr. J. L. Brown.—"Slow Fever."

Editor MEDICAL WORLD:—The question has been asked "What is your experience in malarial fever with other substances than quinine?" I may give you nothing new, but you are welcome to my opinion as to the value of some of my substitutes for quinine. I have found carbazotate (picrate) of ammonium, in small doses, a remedy to be relied on in the cases when quinine and other preparations of the bark have failed. The small dose and the cheapness of the drug make it a desirable one for many cases during a busy season. Try it.

Sanguinaria canadensis (bloodroot) is another drug that will serve you well if handled with care. The dose should be small, and no guesswork used. Should you get the dose too large you will have a very sick patient, and the chances are, a new doctor in the family. I have used tincture of iodine, internally, many times, and cannot see but that the results were as good, if not better, than with potassium iodide. I never give more than ten drops at a dose, well diluted with water.

In the early autumn malarial troubles I usually begin with quinine and capsicum. With adults, give a pill of aloin strychnia and belladonna, in connection with the above, aiming to keep the secretions active. In young subjects, calomel grain $\frac{1}{10}$, with attention to the digestive organs, will answer better than the aloin compound. In answer to Dr. Brown (page 277), I would suggest the use of the stomach tube; irrigate the stomach morning and night, use plenty of water and have it as hot as can be tolerated.

When the stomach is emptied, use boracic with the wash, make the solution strong enough to correct all fermentation, and clear the walls of the stomach of all tenacious mucus. In some cases perhaps salicylic acid would be better than the boric—use your judgment as to that. Internally I would give syrup of hydriodic acid, in liberal doses three times a day, with grain $\frac{1}{200}$ of hyoscine hydrobromate, morning and night.

I wish all our friends who read THE WORLD would read the article in regard to "slow fever," on page 264. That seems to me to be the rational conclusion of a fair minded physician. I need not give my views here, as they have been well aired in a previous article, and those who read them can govern themselves accordingly. I have been lead to my present views on "slow fever," from observations over the cadaver. I am satisfied of one thing, we shorten the attacks of this fever, on the same line that we shorten the attacks of typhoid. Our treatment is based on our views of the pathology of the disease, and they are in direct harmony with the typhoid condition. Quinine, I am positive, is a detriment to the case, excepting as a tonic in the last stages.

My treatment of those cases has, of late, been very satisfactory, and so simple that the novice can not go wrong in handling it.

Two errors appeared in my article on this subject but were corrected in the Journal following. Those who wish can refer to it for my line of treatment.

Centerburg, O. Rob't. C. M. Lewis, M.D.

DOCTOR:—How do you order the diet of the pregnant woman, having in view the development of the fœtus and the health of the mother both during this period and as a preparation for the approaching confinement? Have you observed the working of the so-claimed "Painless child birth" method of hygiene? How do you feed the puerperal patient to favor her speedy and permanent recovery? Let us have your experience and views in time for the October number, to be devoted especially to the subject of food in its relation to health and disease.

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Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Editor MEDICAL WORLD:—Will you or some of the brethren be kind enough to give me treatment for a case of spermatorrhea following an old case of clap and gonorrheal rheumatism? Also give me treatment for pin worms. J. D. USHER, M.D.

Sicily Island, La.

Editor MEDICAL WORLD:—Will some one or more of WORLD'S family tell us if it is true that bananas and liquor (whisky) taken together act as a poison? A Cuban claimed after the death of the famous Gilmore that bananas and whisky were the cause of his death, as there had occurred many deaths in Cuba after eating bananas and taking a drink shortly afterwards. Who will tell the readers something about it if such is the case? THE WORLD seemingly improves with each issue. Long may it live.

Havana, Ill. C. C. COOPER. M.D.

Editor MEDICAL WORLD:—Please enter the following case in your valued journal:

A. B., æt 50, married, temperate as to stimulants and strictly so as to connubial relations, smokes moderately and, though somewhat constipated and frequently troubled with flatulent dyspepsia, no other ailment, consulted me as to cause and cure for the following symptoms:—erection infrequent, incomplete, the organ being curved downward and painful during erection, not exactly chordee, though it resembles that condition; never had any urethral trouble nor symptoms of stone in the bladder, fears it is a form of impotence. Any suggestion from Dr. Waugh or any of the readers of THE WORLD will be welcome. A. STEWART, M.D.

Melrose, Nova Scotia, Canada.

Editor MEDICAL WORLD:—Will you please publish a good formula for "Neutralizing cordial?" It is an aromatic and alkaline cordial having a rhubarb base, I think.

Hallam, Va. JOB. G. HALLAM, M.D.

[As the honor of first preparing this article belongs to our friends of the Eclectic School we will leave the privilege of replying to Dr. Hallam's query to the first volunteer from that sect.—Ed.]

Editor MEDICAL WORLD:—Will some of the readers of THE WORLD please give me a substitute for opium and its preparations, in cases in which the adminstration of any opiate causes gastralgia?

I have several patrons for whom when sick and an anodyne is indicated, I have to use some substitute for opium, even when opium seems especially indicated, as for instance, renal colic. The coal tar derivatives are too slow, besides unsatisfactory. If you cannot give me a substitute please give me a corrective or both, and oblige. I. N. NEED.

Editor MEDICAL WORLD:—Will you give me treatment for tetter of hands? I have tried quite a number of the different drugs for that malady and find that all fail in my hands. If you or some of the many readers of THE WORLD will give me a treatment that will cure, you will confer quite a favor on one of THE WORLD'S best friends.

J. T. HALLOWAY, M D.

Eupora, Miss.

Elimination as a Cure for Rheumatism by Administering Large Quantities of Water.

Dr. T. Hawkins of Ness City, Kan., gives the treatment of two cases of acute rheumatism in which recovery was prompt and rapid. In addition to the medicinal treatment, which was entirely homeopathic, he required the patients to drink freely of pure water, which had been boiled. The amount imbibed was about three gallons daily, in each case.

Editor MEDICAL WORLD:—Much has been said and many cures sent in through our journals in regard to how to reduce obesity. Now I should like to hear from some of the brethren how to produce obesity or flesh. Mine is a case of a young lady who would like to become fleshy and will do anything to become so She was fleshy when a girl, but marriage and children reduced her from 140 pounds to about 103. She is 26 years of age, and measures 5 feet 5 and will do anything to become fleshy. If you can help me out please report through THE WORLD. Fort Wayne, Indiana.

Editor MEDICAL WORLD:—Very recently I had my attention called to "Clark's B. 41 Pill" (venereal,) an English chemical production. I would like to ascertain from some of THE WORLD family the formula and composition and their effective results.

WILLIAM A. HALE, M.D.

Boston, Mass.

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Replying to Dr Lataire, of Stevensville, Va., we will say that, although camphor and salol liquefy when mixed together, they are not therefore incompatible. When so mixed they make an admirable antiseptic liquid, with many useful indications as a local application, for example, in diphtheria, erysipelas, etc. It may be diluted with any oily menstruum. Camphor thus liquefies with many other substances, as menthol crystals, chloral, etc. The therapeutic possibilities of these various combinations constitute a rich field for investigation.

Dr. C. N. Mason, of Harlowe, N. C., wishes the experience of any of THE WORLD'S readers who have used *aluminium acetico-tartaricum* for ozena.

DOCTOR:—What methods of feeding are especially favorable to the cure of constipation? What in cases of acute diarrheas? In chronic diarrheas? In dysentery? Untried theories are of but little value, but reasons for views expressed and actual results of experience are especially valuable. Let us hear from you before September 5th for the Food, October, number.

Editor MEDICAL WORLD:—Will some of the many readers of your valuable journal tell me the diagnosis and treatment for the following case? Miss Mattie G., age 23, was taken July 23d with a swelling of the lower jaw just beneath the angle, on both sides, the swelling extending to the cheek just below the outer canthus of the eye. Her jaws became locked. I have treated her with various remedies, and with hot poultices, without any benefit whatever. About the 10th of this month her brother contracted the same disease, with same symptoms. They have both had mumps, ten years ago. The jaws become locked from the commencement of the disease. The fever never goes beyond 103, and does not last longer than ten or twelve days, and the patient is not confined to bed. Let me say that while I was a regular attendant on the young lady I had the swelling with pain, but my jaws did not become locked. Some of the family besides those mentioned complained of the same symptoms, but there was no lock in their jaws. Please tell me what it is and what is the treatment for it.

W. H. BARHAM, M.D.

Emmet, Ark

Dr. Louis Lewis, well known to the readers of this journal as a former associate editor, has removed to 2011 Arch street, Philadelphia.

Current Medical Thought.

Precocity and the Natural Order of Intellectual Development.

[There is so much truth in the following short article by Dr. McNamara, published in *The Humanitarian*, a London magazine, that we quote it in full for the benefit of our readers. It sounds the key-note of the philosophy of precocious development. Nowhere else have we seen the idea so well stated. We have long contended that the beginning of the literary education of children should be postponed to a much later age than is now customary—that other phases of culture shall proceed side by side with it, that the full rounded being should be developed symmetrically—the physical, moral intellectual and industrial training each receiving due attention. This forms the basis for a healthy, powerful and useful human being. So far as mere literary education is concerned, the average child of twelve years of age can learn as much in one year as the average mind of twelve years development is able to comprehend. Then why devote the years from five to twelve entirely to the tedious task of trying to force the mind to acquire this knowledge prematurely. As physicians, we are often privileged to advise parents on this important subject. We should be prepared to do so in an effective and convincing way. A careful study of the following article will help us to advise from the standpoint of the proper order of the development of the child's faculties.—Ed. M.W.]

CHILD CULTURE.

The key to the proper mental cultivation of a child will be found in the proper understanding of the nervous system of childhood. The chief characteristic of that system is its extreme impressibility. The brain of a child is a camera, a God-made camera of exquisite delicacy. Along the nerve strands and through the nerve cells of the child impulses travel, and are reflected with the freedom and rapidity of lightning, unhindered, unimpeded by the inhibitory mechanisms which control the nervous system of the adult. Impressions, whether of good or evil, are easily made, but are deep and lasting.

In the training, then, of the youthful intellect it is all important that the impulses which travel along the delicate nerve strands, that the sights and sounds which reach the young sensorium should be such only as to leave impressions of the good and the noble.

In connection with this subject there has recently appeared in the pages of the *Lancet* a most interesting and suggestive paper. It is

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from the pen of Dr. Gay, and is of especial importance in these days of cram and pressure education. After pointing out that each function of the body is represented in the brain or spinal cord by a corresponding centre or headquarters from which the parts performing the function receive command, and that in the adult these centres are controlled, damped, or, if I might use the expression, more or less vetoed by what I have already referred to as the inhibitory mechanicism of the nervous system, Dr. Gay says: "That although the centres for the various functions of the body are developed before their controlling mechanism, it is of great importance that development of inhibition should preserve a certain definite relationship to the development of function. In precocious children it generally, if not always, happens that development of function proceeds at such a rate that inhibition does not preserve its relative position in the process, and lags behind."

Thus the characteristic of precocity is instability. And so it is often with genius, of which precocity may be supposed to be the youthful equivalent. Inhibition frequently fails to keep pace with excessive development of function. It is inhibition—power of control—which parents should seek to cultivate in children, rather than development of function, for this is possible later in life, whereas control, once lost, may never be regained.

The importance of the recognition of the fact that centres develop ahead of their appropriate inhibitory apparatus cannot be over-estimated. Not only does it explain the instability of the infant's brain, but it emphasises perhaps more than anything else the folly of forcing the minds of the young. By so doing a most certain foundation is laid for the development of neurosis, which may mar the whole subsequent life of the individual. The fact that girls are generally more precocious than boys would suggest that greater care is necessary in their training, for, proportionately with their precocity, there is an increased liability to chorea, hysteria, and other nervous affections, having their foundation in defect of inhibition.

To conclude with the concluding advice of Dr. Gay, "Restrain a precocious child, do not cram a backward one, but, with judicious education of the mind, let them indulge in healthy recreation and develop their motor centres before those of a much higher level."—*J. McNamara, M. B*

Unusual Cancer Formations.

A specially interesting meeting of the San Francisco County Medical Society was recently reported in the *Pacific Med. Jour.* The meeting was devoted to the consideration of cancerous growths and the exhibition of specimens. Dr. McNutt presented some curious specimens. One was a cancer of the *sole of the foot.* Another a cancer *of the pregnant uterus.* Another a cancerous affection so extensive as to involve the stomach, pancreas and supro-renal capsules, with extensive cancerous deposits throughout the mesentery. This followed three months after an accident in which the patient (an engineer, 56 years of age) was thrown against a rail, receiving a blow over the abdomen. He lived about nine months after the accident and and about six months after the first cancerous symptoms. For the next, most remarkable and interesting case, we quote directly from the proceedings.

"The case was that of a little girl, about 11 years of age, whom I was called in consultation to see. The child had been going to school and was perfectly well; there was no cancerous history in the family; the father and mother and grandfather and grandmother were living; the whole family had been healthy with the exception of one grandfather who was tuberculous. The mother had not noticed anything wrong until about fourteen or fifteen days before I saw her, when the abdomen commenced to extend about an inch a day and had been doing so for about ten days. I could make out a mass in the right side in the region of the kidney and running down into the pelvis with a great deal of fluid in the abdomen and with tympanitis. On opening the abdomen there was about twelve pounds of fluid and this sarcomatous-looking mass which occupied the position of the right kidney. Before I opened the abdomen I supposed that it might be a tuberculous mass, or a sarcoma of the right kidney. I removed it three or four weeks ago; the child is doing well now. Whilst the upper part occupied the position of the right kidney, it shut up this way (illustrating). I had split it in order to dissect out the colon, as the head of the colon was enclosed in the mass. I think Dr. Montgomery will tell you that this is a teratoma made up of bone and cartilage and skin and pigment, and he will give you his ideas about it. Though it is not unusual for a malignant sarcoma to present bone and cartilage."

Dr. Douglass W. Montgomery said: "The tumor removed by Dr. McNutt from the little girl's abdominal cavity is of very great interest both because of its structure and in view of its probable origin. It is a lobulated tumor containing a great number of cysts filled with a glairy fluid. It was found to be almost entirely covered by an integument furnished with hairs and sebaceous glands, well marked epithelium,

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a true skin or corium and a subcutaneous fat layer. Here and there throughout the tumor there were pieces of bone about the size of a twenty-five cent piece and little nodules of hyaline cartilage. At one place I found a structure looking very much like an embryo tooth. There is quite a good deal of pigment, which certainly is not blood pigment, occurring most frequently in the connective tissue; in places I thought it occurred in epithelial cells, but of this I cannot yet be positive. There were tubes lined with columnar or cuboidal epithelum, looking exactly like cross sections of embryonic intestinal canals, and the connective tissue between these tubes was decidedly embryonic. So, to resume, we have here represented structures from all three layers of the embryo:—epithelium and epithelial structures such as cover the external surfaces of the body, epithelial structures such as line the internal surfaces of the body, and embryonic connective tissue. The whole formed a tumor which was growing with immense rapidity, which was lying in the body cavity, and which was only connected with the walls of the body cavity by adhesions which could be easily broken, allowing the tumor to be shelled out with comparative ease. This new growth is not a dermoid cyst, because it did not form a cyst, lined with integument, but the integument was on the outside of the tumor, covering it in. It is not a sarcoma, for it is partly composed of well marked epithelial structures. The age of the patient excludes extra uterine pregnancy. It is a teratoma or mixed tumor.

"These teratomata have been thought by some to be part of the individual bearing them, which part has by some means been left over in the make up of the fetus. Others have surmised they were products of a virgin generation of an ovum, a parthenogenesis, without the participation of the spermatozoa. Neither of these views fit the facts, for one teratoma has been described in which there was found an eye, and as no individual has three eyes, and as the bearer of this tumor had two complete eyes, the presumption is that the eye found in the neoplasm belonging to another distinct individual, which was growing in this irregular way as a tumor. As for the theory that they are parthenogenic a case reported by Virchow disposes of it, for he found a teratoma growing in the chest cavity of a man. The theory that they are inclusions of other embryos fits into every fact we know of them, and there seems to be no doubt that in Dr. McNutt's case two embryos started out probably together as twins, and that one of them very early in pregnancy, for some reason unknown to us, stopped growing, and became included in the body cavity of its more fortunate twin. It would seem from cases reported, that these included embryos may start growing again at any time during the life of their host, and that they are usual fatal, acting like very malignant sarcomas."

Dr. G. F. Shiels said he would like to ask Dr. McNutt if he had any reason to give why this patient should have carried the fetus so many years and then develop sarcoma so suddenly.

Dr. McNutt replied that he was reminded of the saying of Lord Dundreary: It is one of those things that no fellow can find out. Just exactly why the fetus should remain till the child was 11 years old and then suddenly commence enlarging an inch and a half a day, he could not say. He had no doubt that the sudden enlargement that attracted the attention of the parents was due to the accumulation of serum. How long that growth had been there, giving no pain and without attracting attention, he could not say, but he thought it very likely it was some little time; it might have been dormant up to perhaps a year or six months ago.

Dr. M. C. O'Toole said: "One of the specimens shown by Dr. McNutt (the first) and examined microscopically by Dr. Montgomery, was evidently a cyst formed by structures of a fetus of arrested development. Dr. Montgomery, as I understood him, found both bone and cartilage in this growth. It would have been instructive to have examined the transition substance of this bone and cartilage. Such examination would help decide a question about which there is some difference of opinion, namely, the *mode* of ossification in these co-called 'teratomata.'"

Tuberculosis of Lungs.—Calcium Sulphide.

R Calcii sulphurati.....gr. xv. (1 gram.)
Strychninæ sulphat.,.....gr. j (0.07 grams)
Acid. arsen.,.....gr. iss (0.1 gram)
Ulmi. pulv.,.....q. s
M. et dat capsules.....no. lx,
et sig: One or two capsules three times a day.

Object, to introduce sulphuretted hydrogen; therefore powder to be encapsulated dry. Elm is used to insure dryness of powders and to prevent too rapid elimination of gas when preparation in stomach.—E. F. Wells, *Journal American Medical Association*, April 22, 1893.

[This is a recognition of the beneficial action of sulphide of calcium (the agent prescribed under the name of "calcii sulphurati" in the above formula) in combatting the suppurative process. Dr. Louis Lewis first popularized this remedy in this country through the pages of THE MEDICAL WORLD. The above treat-

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ment for consumption is that detailed in these columns by Dr. Shade, excepting that he uses in addition, calomel for the purpose of regulating the intestinal secretions.—ED.]

Resuscitation from Asphyxia or Narcosis.

The remedy is thoroughly forcible dilatation of the sphincter of the anus—extending to the internal sphincter, repeated until reaction and breathing are established. May be done with plug, speculum, or best, finger and thumbs. Applicable to asphyxia of new-born infants, of the apparently drowned or strangulated and to narcosis from opium, chloroform, gases and other agents; would work well in hysterical catalepsy.

The orificial specialists are entitled to credit for extending the range of usefulness of this operation.

Opium Habit.

R Tinct. belledonnæ,.....drams xiiiss (54 grms).
Glycerine.....oz. ix (270 grms.)
Elixir simplicis, ...oz xj (330 grms).
Ext. xanthoxyli fid.,.....drams iiiss (14 grms).
Ext. Hyoscyami fid.....drams viiss (30 grms),
M. Sig.: Two teaspoonfuls every three hours.

Just after taking pill of opium or morphine, and continue until free vomiting and purging set in. Then stop treatment; nourish and stimulate patient.—Barton, *communicated.*—*Universal Medical Journal.*

Cornutin Citrate in Spermatorrhea.

Bokai, of Budapest, has had ("Sem Med.") excellent results $\frac{1}{20}$—$\frac{1}{10}$ grain daily doses of cornutin citrate in spermatorrhea of the ordinary paralytic type. In spasmodic cases it is, as might be expected, practically useless.

Nature of the Vernix Caseosa.

Dr. Wallace Beatty, whose article in *The British Journal of Dermatology* upon the functions of the sweat and sebaceous glands was mentioned in these pages, has reported in that journal, July 1893, having examined the vernix caseosa of the scalp of an infant dying a few minutes after birth. Sections of the skin were stained with osmic acid, blackening the fatty portions. Under the microscope the blackened fatty layer on the surface was found directly continuous with the blackened fat filling the hair follicles and sebaceous glands. Neither the lumen nor the walls of the sweat glands or ducts showed any blackening, proving that the vernix caseosa is derived from the sebaceous glands and not from the sweat glands as Unna held.—*Atlanta Med. and Surg. Jour.*

Knots in the Umbilical Cord.

Dr. Edward B. Weston read a paper on this subject before the Gynecological Society of Chicago. Very little is said in the text books about knots of the umbilical cord. There is little to be said. They occur rarely, and few of them are drawn tightly enough to arrest the circulation. They are obstetrical curiosities. Nothing can be done to prevent their formation; and if we knew one had formed, of course our knowledge would be of slight value to the patient.

I have two fatal cases to report. Each occurred in the last month of a first pregnancy. In the first case the woman stooped to lift some heavy object, and, as she lifted, felt an unusual commotion in her abdomen, but no movements of the child afterward, Until this day the movements had been as in a normal pregnancy. When the child was born, about two weeks later, there was a single, tightly drawn knot in the cord which completely arrested the umbilical circulation. The condition of the child indicated it had been dead two or three weeks.

In the second case the woman became sick at the stomach while in bed at night. Her husband gave her a bowl, and, sitting up, she leaned forward and vomited. She said something felt as if it turned around in her, and gradually all fetal movements, which had been usually strong, ceased. When labor began I was sent for, and, after examining the patient, told the husband that I believed his wife was pregnant with twins and that they were dead. The diagnosis proved correct. One child had passed through a loop in its cord and tied a single knot so tightly around the other cord that circulation was interrupted and both children killed. Delivery in this case took place at about the expected time, and the condition of the children indicated that they had been dead two or three weeks.—*Amer. Jour. Obst.*

Lotion for Diphtheria.

Recommended by Dr. Ozegowski, an eminent Russian physician.

R Carbolic acid crystals, citric acid crystals, tincture of iodine, each.....5 parts
Brandy .....100 parts
Apply with a cotton swab every two or three hours.

—*Modern Medicine.*

The Preservation of Pills.

Carl Th. Morner writes that the preservation of pills is a matter well worthy of our consideration. It is a desideratum, the author states, that when pills are given to a patient they should be of that suitable consistence which held at the time of their preparation. The practise of dispensing them in paste-board boxes is the cause

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of their drying and of their flinty hardness, even after the lapse of only a few (two or three) days, and, consequently, the intended effect—resorptive or local—is less in degree and considerably more retarded; it is possible that a greater or less part of the active principle will be lost through the improper consistence of the pills, and the latter will pass out in the fecal matter without producing their effect. For this reason, all pill-boxes should be discarded, and glass bottles substituted for them.—*Lakarreforenings forhandlingar*, vol. xxviii, Nos. 2,3,pp. 108-112, Upsala, 1893.-*Universal Med. Jour.*

A Case of Penetrating Wound of the Pericardium, with Recovery.

J. E. Bocano of Hyderabad, reports a case of penetrating wound of the pericardium, with recovery. A man, aged 42, was gored by an ox in the chest. The wound was situated in front of the chest, some two inches to the left of the lower third of the middle piece of the sternum. A triangular flap of integument. measuring about two inches at the free margins and two and a half inches at its base, was reflected upward and outward in the direction of the left shoulder, exposing a deep wonnd, which involved the soft tissues, the cartilage of the fifth rib, the pleura, and opened into the cavity of the pericardium. It admitted of a good view of the whole apex of the heart, as it beat in its pericardial sac. The lips of the wound were hermetically sealed with small pieces of lint saturated with Friar's balsam, and over this was placed a "protector," well soaked in carbolic oil, with a padding of cotton and a bandage. The dressings were not removed until the eighth day, when the wound was perfectly healed by first intention.

—*Indian Medical Record*, March 1, 1893.

Potassium Permanganate as an Antidote to Organic Poisons.

Experiments made by Antal on frogs, rats, and dogs, demonstrate that potassium permanganate exercises a quick and powerful antidotic influence on a series of organic poisons, among which he names muscarin, strychnine, colchicin, oxalic acid, and oil of sabine. The remedy was administered freely in aqueous solutions of from one-third to one-half of 1 per cent. The author is still engaged in the investigation of the subject, and will probably add others to the list of poisons to which the permanganate is an antidote. The remedy may be administered by the mouth or subcutaneously, the latter acting more rapidly.—*National Druggist.*

What food is best for old people? Why!

Solutions for Charging Fire Extinguishers.

Hunkel recommends the following as the best solution for charging hand grenades or other similar forms of fire extinguishers: Make the following solutions in separate vessels: 1) 2 parts of ammonium chloride in 200 parts of water; (2) 3½ parts of burnt alum in 100 parts of water; (3) 30 parts of ammonium sulphate in 50 parts of water; (4) 20 parts of cooking salt in 400 parts of water; (5) 3½ parts of sodium carbonate in 50 parts of water; (6) 45 parts of water glass. Now mix these solutions in the order named, and while the mixture is still turbid and yellow add 200 parts of water. Let stand, and when the precipitate has subsided decant the clear liquid and fill into hand-grenades or bottles of thin glass.—*National Druggist.*

To Prepare Bandages—A Good Bandage Roller.

Take a half bolt of unbleached muslin, folded as it comes, to a book binder or printer. Have it cut into strips or blocks two inches wide, keeping the line of the thread as nearly as possible. (The width two inches is most universally convenient.) Then wind the strips on a bandage roller into rollers two inches thick. Fray out the ends of the roller and trim as clean as possible with scissors. Stick a half dozen pins in the end of each roller in the centre. This saves time and the aggravation of having the bandages kinked, which always occurs on attempting to tear up the cheaper grades of muslin.

* * * *

Take an ordinary flat cigar box about two inches deep. At the bottom of one end on the right hand side cut a smooth slit one-eighth or one-quarter of an inch wide and the length a little more than the width of the bandage—for example, two and one quarter inches. At about two or three inches from the end and one inch from the bottom of the box, put a gimlet hole in each side. Take a piece of square brass rod or wire about eight inches long and bend a crank at one end. This is to serve as a windlass. A bit at the end of the rod, and also at the point where it rests in the hole next the crank, is to be filed round. This is sufficient to keep the rod in place and allow it to turn smoothly, but does not prevent the final withdrawal of the windlass from the centre of the roller and box. Fasten the box in a convenient position on a kitchen table by two tacks driven through the bottom. Poke the end of the bandage through the slit in the end of the box, and, having started it on the windlass, wind till the roller is full and comes chuck against the bottom of the box. Cut the bandage and pull out the windlass.—F. O. Marsh, M.D., Cincinnati, in *Lancet Clinic.*

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Cautionary Facts.

1. Drugs by the rectum or vagina should be given in *three* (3) times the dose by the mouth.

2. Drugs by the hypodermic method should be given in *one-sixth* (1-6th) the dose by the mouth.

3. Be cautious in giving *atropia* to flaxen haired, light complexioned, nervous women.

4. Be cautious in the use of *morphia* subcutaneonsly after opiates or morphia have been given by the mouth or rectum.

5. *Chloral Hydrate* should be exhibited with great care.

6. Remember that children are especially susceptible to the narcotic action of opium and its alkaloids.—*Dr. King's Medical Prescriptions.*

The Internal Use of Hot Water in the Treatment of Disease in Infants.

I was called one morning to see a three months old, bottle fed child, and found it in convulsions. It was emaciated and the convulsions were evidently due to the non-assimilation of its food. Previous to this, with the exception of a slight irritability of the stomach and bowels, it had appeared perfectly well to the parents. When the convulsions ceased, it commenced to vomit and purge. It could retain no kind of nourishment, not even cold water, and the medicines did no good As a last resort, I ordered all the hot water it would take, given through a nursing-bottle, and nothing else except a chloral and bromide mixture when the child was threatened with spasms, several of which it had since I was first called. This was continued for twenty-four hours without any nourishment, the surface being sponged every two hours with cold water. It vomited the first bottle of the hot water, but retained the second, and had the most peaceful sleep it had had for a long time. The condition of the bowels gradually improved and vomiting gave very little trouble. At the end of another twenty-four hours a teaspoonful each of cream, lime water, and water was given every hour, then egg water, and, finally condensed milk. This was an extreme case, every one expecting the child to die, yet it made a good recovery.

Another child, five months old, that had suffered from intestinal pain from birth, crying almost constantly unless it was nursing, had cried so long and loud one night that it had no voice in the morning, and the parents were almost frantic. It had some fever, the lungs were slightly congested, and the bowels were hard and tender. I ordered poultices and gave large doses of an opiate, but it cried on. It refused the breast, and did not like cold water. After a battle of ten hours. I had the parents get a nursing-bottle and fill the infant up with hot water. He took it as if this was the very thing he had been crying for; he took it eagerly and in large quantities, and it gave him almost instant relief. He took little else for thirty-six hours, and it was the most important article of diet for one week. Since that time the child has had an acute attack of vomiting and purging, and we resorted to the hot water, with the most happy effect.

Another child, five months old, that was well nourished, yet was crying all the time except when nursing, was given the hot water between the nursing periods, and the remedy cured it completely, after paregoric, etc., had failed to give relief.

The importance, in all gastric and intestinal troubles in adults, of rendering the entire alimentary canal aseptic, "making it sweet and clean," is now almost universaliy acknowledged, and the results from this method of treating these frequent and distressing diseases have been so satisfactory, that it determined me to apply it in similar affections in infants. Theoretically, nothing could be more rational, and practically the results have been beyond my most sanguine expectations. When a child is vomiting and purging, its very when life seems to be oozing away, there is an irresistible temptation to support life by giving nourishing food, yet experience has taught us that all food acts as an emetic or a purgative, and if it do not so act it is useless, the assimilative functions are all suspended, and secretions and excretions are perverted. Hot water here is a stimulant, an antiseptic, a sedative, and a food. Water will support life for a time, transfusion of saline solutions has rescued individuals from the grave, and if you will flush the stomach of the vomiting and purging infant with hot water for twenty-four hours, withholding all foods, and then, in small and easily digestible quantities, at short intervals, give nourishment. you will very often rescue it from the grave. I commence with pure hot water, then add salt, and, when necessary, sugar. One will be surprised to see how greedily the children drink it, preferring it to their nurse, and it will produce a quiet peaceful sleep, and the extremities that were previously cold and clammy will become warm and natural. The above are only a few of the cases in which, and to which, it is adapted; in fact, there are few diseases of infancy in which the use of hot water will not prove a valuable aid. If my experience and remarks shall induce some to give hot water a fair, full and impartial trial, I know what the verdict will be, and I shall consider I have not written in vain.—Dr. McConnel in *Med. Record.*

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Natural Amputation of the Foot.

S. E., age about thirty-seven years, female, colored, had syphilis seven years, attended by a large sloughing ulcer, just above the right ankle. This ulcer had existed for six years, varying in size from the size of a silver dollar to that of an immense, foul, sloughing mass from five to six inches in diameter. Every time it would break down, it would extend further around the leg, until it finally encircled the ankle, and effectually cut off the circulation.

December, 1891, the foot came off, the bones disarticulating at the ankle joint. The tibia and fibula protruded three inches beyond the granulating surface left by the slough.

On January 15, 1892, she accidentally fell and broke both the bones off within the granulating tissues, leaving as nice as stump as was ever seen.

June 12, 1892, she went the county farm, where the stump healed kindly.

This case is given more as a curiosity than anything else. It shows, howerer, the wonderful powers of nature. This amputation was done without the aid of a knife, torniquet, or esmarch or ligatures. It was a complete and a successful amputation, made without human aid. The tissues were cut through, the arteries healed up, and the bones disarticulated and the stump healed, all done by Dame Nature.

The stump is just as complete, and the cushion is just as good as any surgeon could have expected.

She lived a kind of hermit life, in a little hut, and carefully concealed the condition of the leg as long as possible, and when its condition was ascertained, she refused to allow it ampuated, or to allow the protruding ends of the bones to be removed.—By W. H. Barry, M.D., Surgeon in Charge of Barry Hospital, Hot Springs, Ark., in *Hot Springs Med. Jour.*

The Diagnosis of Extra-Uterine Pregnancy.

The following symptoms suggest ectopic pregnancy:

1. The absence of menstruation, or a flow coming at irregular intervals, and of uncertain duration.

2. Pain of a severe and spasmodic character, which may be permanent at first, then absent for some weeks, to return later with renewed vigor.

3. Vaginal discoloration—a symptom of some importance, yet often noticed in cases where some other form of pelvic tumour is present.

4. General signs of pregnancy, such as nausea, enlarged and tender breasts, increase in size of the papillæ, darkened aureolæ, milk in the breasts, ballottement, the presence of a tumor, irregular menstruation, and, possibly, gait.

5. The history of having had a child or miscarriage. This is important, as cases occurring in nulliparous women are rare.

6. Expulsion of decidua. This symptom is of great importance although in the majority of cases we are not fortunate enough to have it present; or, if present, the clot and shreds of tissue are thrown away before a microscopic examination can be made.

7. Increase in size of the uterus, with the fundus either pushed forward or to the right or left side.

8. Elongated, soft, and patulous cervix.

9. The appendages on one side containing a thin-walled and tender cyst. The fact, however, that a tumor is felt upon both sides should have no bearing upon the diagnosis, as one of the tumors may be due to extra-uterine pregnancy, and the other to some other form of tubal, ovarian or pelvic trouble.

10. Pulsation of vessels in neighborhood of cyst.

11. The rapid increase in the size of the tumor.

12. Presence of fœtal heart sounds.

13. Presence of placental bruit.

14. Feeling the small parts of the child, either through the vagina or rectum, or by combined manipulation.

With diagnosis made the author holds that the right policy is to operate.—G. Haven, in *Bost. Med. and Surg. Jour.*

Booming Medicine.

The insane rush of young men, and women, too, into the profession is chiefly owing to the extravagant puffing of a considerable portion of its members regarding the financial results of their labor. I have a couple of physicians in mind with whom I was familiar both as a youth and after entering the profession, whose careers are somewhat typical as the "booming" class. The one was the leading physician of a large town. He claimed and was generally accredited with doing a practice of $25,000 a year. He lived quite inexpensively, except in the matter of horses, several of which he always kept to encourage business, and after struggling with a practice of this kind for twenty-eight years, he suddenly collapsed, leaving his creditors in for over $20,000. The other practised in a small village, and for years had done a tremendous practice; kept half a dozen horses, slept little, and had barely time to take his meals; he lived quite inexpensively, except in the matter of horses; he took but one holiday during his whole career; and he affected, and

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was generally supposed to be possessed of, fabulous wealth; and after a laborious professional life of forty years, departed, leaving an estate valued at less than $5,000. I can name a score of men in the profession to-day, who have been lured there by the boasting of these two. This unmanly habit afflicts the profession to a disgraceful extent, and does it more injury than any other affliction to which it is subjected.—Dr. J. P. Armour, in *Medical News.*

Treatment of Rheumatism.

The salicylates have long been abandoned by us in the therapy of this disease. They have been used for years more from force of habit or fashion than from clinical results. We have derived the best results in all forms of this disease, acute, subacute and chronic, from equal parts of iodide of potash, bromide of potash and hydrate of chloral. Our favorite prescription is as follows:

R. Iodide of potash.....drams iii
Bromade of potash.....drams iii
Hydrate of chloral.....drams iii
Glycerine.....oz. ii
Simple syrup.....oz. ii
Ess. wintergreen.....oz. ss
Distilled water.....oz. iii ss
M. Sig.—Take a teaspoonful 4 times a day, after meals and at bed time to be preceded by a mercurial cathartic.

We then apply with gentle friction every two or three hours the following liniment:

Olive oil (or cotton seed oil).....oz. iii
Chloroform.....oz. i
Spts. of camphor.....oz. ii
Tinct. of iodine.....oz. ss

After applying the liniment, we wrap the affected parts in cotton and keep the patient between light woolen blankets. If there should be malarial complications, which is often the case, we give quinine between doses of the above medicine.—Editorial in *St. Louis Medical Era.*

Chlorinated Soda a Specific in Typhoid Fever.

Pearson states, in the *Lancet*, that he has treated several hundred cases of typhoid fever in South Africa, without a single death. His specific remedy is the solution of chlorinated soda, of which he gives fifteen minims every three hours, continued until the temperature has been normal for two successive evenings.—*N. Y. Med. Times.*

For Gonorrhea in the Female.

Gonorrhœal vaginitis yields quickly to a strong glycerole of tannin, applied on a cotton tampon after the parts have been thoroughly cleansed. The tampon should be allowed to remain ten or twelve hours and then removed.—*Eclectic Med. Jour.*

Cocoanut Oil as a Tapeworm Remedy.

Dr. Parisi, a Greek physician practicing at Athens has communicated to the French medical papers his experience with regard to cocoanut oil as a remedy for tapeworm. As the author was traveling in Abyssinia one day, after eating and drinking the pulp and milk of several cocoanuts, he felt very unwell. Soon after there came on a copious action of the bowels, and he was surprised to see that he had expelled a complete tape-worm, head and all, quite dead. On his return to Athens, he repeated his experiment on a number of patients suffering from tape-worm, and was successful in all cases, the tenia always coming out entire and dead. The treatment he now adopts as being the most convenient and effective is as follows:—The patient, while fasting, is ordered to take in the morning the milk and pulp of one cocoanut; no cathartic is needed, and no peculiar care requisite. This simple remedy he tells us, is as effective as pomegranate root or male fern, and for several reasons preferable to them. The only difficulty appears that of being able to eat an entire cocoanut, milk and all, before breakfast in the morning.—*Pacif. Rec. of Med. and Surg.*

Lactic Acid for Gout.

Foucart and Beranger (*Semaine Med.*) recommend in gouty cases the administration of lactic acid, four grams, diluted with water, every twenty-four hours, for twenty days, after which it should be discontinued for ten days. The severity and frequency of the symptoms are greatly diminished, and a perfect cure may finally result. The treatment has no unfavorable effects on the digestive functions.—*N. Y. Med. Times.*

Brain Bruises.

Sir William Savage, in a recent number of the *Lancet*, claims that bruises of the brain are not uncommon after injuries to the head. In addition to the existence of concussion of the brain matter, there may be gross lesions. These injuries vary very much in extent, from a mere pinkish coloration to rupture of the vessels and the formation of blood clots As it is quite impossible to say that the brain matter has not been lacerated, in the case of concussion, the prognosis should always be given guardedly. The author also thinks that if there is marked drowsiness, headache, loss of consciousness, marked loss of mental power, and difficulty in rousing the patient's attention, there is good reason to suspect brain bruises or lacerations.—*Dominion Medical Monthly.*

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Treatment of Brain Injuries.

Dr. Adamkiewicz (*Deut. Med Woch.*) shows that the brain is very readily irritated by certain chemical agents. Perchloride of mercury and carbolic acid are highly injurious in their action on the brain matter. He contends that all head injuries, where the brain is exposed, should be dressed antiseptically by employing boracic acid, which does not irritate the brain. —*Dominion Medical Monthly.*

A New Antiseptic Mixture.

Cavazzini (*La France Medicale*, 40 année, No. 22) advises the following as an antiseptic dusting-powder:

R. Iodoform	55 parts
Salicylic acid	20 parts
Subnitrate of bismuth	20 parts
Camphor	5 parts

This mixture makes a light yellow powder which is without disagreeable odor. It is especially efficacious in ulcerating buboes. It is an active antiseptic, hence cicatrizes and prevents undermining of the skin. Indolent granulations are quickly stimulated and suppuration rapidly disappears.—*Therap Gazette.*

Boric Acid in Typhoid Fever.

Dr. Tortchinsky has tried boric acid in 240 consecutive cases of enteric fever during an epidemic. The results were excellent; only nine patients died, every one of whom succumbed during the stage of convalescence in consequence of getting up too soon, or of dietetic error (*The British Medical Journal*). The remaining 231 made a speedy and complete recovery. In all cases the patient was first given from 2 drachms to ½ ounce, according to age, of castor-oil, with from 5 to 20 drops of turpentine oil. Immediately after these drugs had acted the administration of boric acid was commenced, the remedy being given internally, either in powder or in solution, in from 10 to 15 grains to adults in from 3 to 10 to children, 3 or 4 times a day. When bronchitis was present, the drug was combined with expectortants and hydrochloric acid. As a rule, within from three to five days, fever and diarrhea markedly decreased, tympanites disappeared, the stools lost their offensive odor and became natural in appearance, the urine became abundant and normal in all respects, the tongue and skin moist, the subjective state good, etc. As soon as the general improvement set in, the acid was discontinued, and tonics were given. Under the treatment the disease ran a very mild course, its duration was considerably shortened, and complications were very rare. The most striking effects of the acid were obtained in cases which came under treatment in the initial periods of the affection. It was further found that the beneficial action of the remedy could be intensified by combining it with small doses (from 2 to 5 grains) of antifebrine, quinine, napthalin or salol. The combination with quinine proved especially useful in the late stages of typhoid, with tremor, delirium, and other cerebral symptoms, as well as in the case of relapses. No untoward accessory effects from boric acid were ever observed. The writer arrives at the conclusion that the method is the cheapest, simplest, most harmless and most efficacious of all yet known. He also obtained equally satisfactory results from the acid in the Summer diarrhea of children.—*Med. Record.*

A Treatment for Fistula in Ano Without a Cutting Operation.

The operation consists in first thoroughly cleansing the lower bowel and the fistulous tracts with an antiseptic wash, by means of a suitable syringe. I use for the sinuses a long nozzeled uterine syringe, capable of considerable force, and a twenty-five per cent. solution of peroxide of hydrogen, or a simple carbolized solution, with which the tracts are freely flooded. The next step is to thoroughly divulse the sphincter muscle, in the usual way, with the fingers. Then again irrigate the sinuses in the same careful manner as before, with the same solution, and last, with plain water. After this, inject into the tracts a solution of nitrate of silver, forty to sixty grains to the ounce of water. Then with a little carbolized oil, or vaseline, spread upon absorbent cotton and bound to the parts with a bandage, the operation is completed, in simple cases.

In cases of the internal blind variety of fistula, openings should be made from the outside with the knife. in order that the pouches which are always formed at the termini of such tracts, and which always contain pus and debris, may be washed out, and the sinuses cleansed. The only cutting necessary is in this variety, and possibly the enlargement of some of the external openings for the nozzle of the syringe, which is introduced only far enough to inject the fluid. With an experience so limited as mine has been, it would be presumptuous in me to claim to have discovered a treatment that would supersede the long tired and successful methods of our text-books. I can only say that the above plan is simple, and so far as I have tried it, it has been successful in every instance. Even a case of recto vaginal fistula operated on in the same manner, recovered in a few days. In this case, I may say that I employed a six or seven per cent. solution of carbolic acid, instead of the silver, because I did not have the latter solution with me, not knowing or thinking that I should be

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called upon to do more than lance an abscess, as I had done before for this patient on two occasions, within a year.

The time saved to the patient in this operation, constitutes one of its chief advantages. The number of days required to remain in the recumbent position is from four to eight, and with no wounds to dress and keep clean, the patient spends this time in comparative comfort.

I wish it understood that I do not claim anything original in this operation, except, possibly, that I have placed together in an unusual manner some well known methods and principles.

The necessity of thoroughly cleansing the sinuses, getting rid of all foreign particles, and matter, has been recognized and appreciated from almost the beginning of time. Also the divulsion of the sphincter has been employed, and some good results have been reported from this alone. And, too, the injecting of irritants into fistulous tracts has been restored to, and reports have been made of cures resulting from this alone.

But the arrangement of these things in the manner and order given, belongs to me, so far as I know. The rationale of this treatment is based upon some well established surgical principles, together with a reasonable appreciation of the anatomy, pathology and physiology of the parts involved. In the first place, we have to deal with the most dependent portion of a long and tortuous tube, the blood supply of which is influenced by gravitation, and whose return flow is through veins that are without valves, and against gravity; with a mucous membrane that is in a constant state of hyperemia, existing in all persons, it is claimed, whether they have ever had a rectal disease or not. And further, we have a large, ring-shaped muscle, the shpincter, which has scarcely any bony attachments, and whose fibers are closely adherent to the integument, and blended more or less intimate with the other muscles and structures about the anus. This muscle stands vigilant guard over the great outlet of the human body. It is quite easy, then, to understand that the sphincter is very important, and that it is liable to become wonderfully hypertrophied from inflammatory stimulus during disease of these parts. The longer the disease continues, whether hemorrhoids, fissures, or fistulæ, the greater the amount of blood to the parts, and consequently the larger the muscle grows and the stronger it becomes. Thus with increased size and strength there is a corresponding retardation of the return circulation which also favors disease, and above all, there is a wonderful increase in the muscular tension of the whole ano-gluteal region. The voluntary power of this muscle is diminished, and the involuntary power is proportionately increased, which also favors disease. Now, a fistulous tract, it matters not what produces it,—a foreign body that has lodged above the sphincter, a traumatism, constipation, or what not, anything. in fact, that would cause an abscess—for an abscess under all circumstances, it is claimed, causes the sinus,—this fistula, except in the superficial form, has its origin above the sphincter, within the bowel, and extends more or less tortuously, down by the side of, and exterior, to the muscle, and makes its exit through the skin within an inch or two of the anus. Let there be many of them, or only a few, the destructive process is the same in all. The high tension of the muscular tissue causes retraction of the severed fibres, in accordance with the only function of muscular tissue, viz: contraction, and the result is non-coaptated walls. It may be likened to a taut suspender. As the rubber threads are cut, they retract, leaving an eliptical, or round shaped hole, So in the case of the fistula in ano. Fecal matter, when in a liquid state, is always present in these sinuses, and prevents, together with the abnormal tension of the parts, a union by any plan of treatment other than cleansing, and relaxing the tension. This removes the debris, and permits the coaptation of the walls. The nitrate of silver is used simply to hasten union, which it does by exciting a temporary inflammation along the tract, thereby causing a cure before the paralyzed sphincter can regain itself. This is exactly what is done when all of the holes are cut into one, the standard operation for this trouble. The sphincter is severed, which relaxes the surrounding parts, and permits the cleansing of the tracts and the coaptation of the walls. Now, it is not proposed to do more than to state what has been the results of my limited experience with the operation which I have had the honor to present to you to day, and I may be permitted to summarize the advantages claimed as follows:

1. There is from one week to a month saved in time to the patient.
2. There is less danger from incontinence.
3. There is no danger from embolism.
4. There is no suppurating wound to require daily dressing and cleansing.
5. The operation is practically robbed of its terror.

Certainly, then, the procedure is simple, and to my mind, reasonable, and therefore I respectfully commend it to your further investigation and trial.—*Daniel's Tex. Med. Journal.*

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Dosimetry in Accord With Science.

By Dr. F. A. A. BELINGE, Member of Institute Dosimetrique, Paris; President San Francisco Therapeutic Society.

The medical world is now paying greater attention to the alkaloids, as their superiority over the galenical preparations is self-evident. Therapeutics, to be successful, must have pure, active and always identical agents, and these qualities are found in the alkaloids. There are yet found practitioners who argue in favor of the crude drugs; those evidently have not studied carefully the comparative effects and qualities of the drugs and their active principles or they would not hold such ideas. There is no effect produced by the crude drugs but what can be attained by their alkaloids singly or in combinations, and in a far more positive and secure manner. What would we say of a soldier who would hold on to his old-fashioned musket in preference to the perfected rifle of to-day? A common objection to the alkaloids is fear of their power. Well, the alkaloids cannot be more powerful and dangerous than the plants from which they are extracted. It is only a question of quantity or dosage. We return the objection and maintain, with proofs in our hands, that the crude drugs are more dangerous than the alkaloids on account of the uncertainty in their composition and variability in activity. We point to the record of dosimetric practice since its institution, over twenty years ago, and we find not one death to be laid at the door of the alkaloids, the dreaded alkaloids; can we say as much for the official preparations of pharmacy? Medical science is indebted to Burggraeve and his followers for the advances in alkaloidal therapeutics made in our day; they have brought those precious agents prominently before the profession and familiarized us with their true properties and uses.

The physician's hand was well-nigh paralized by the uncertainty which characterized the galenical preparations, and in the resulting confusion and doubt the spectral hand of skepticism threw a deep shadow on the therapeutic field. How many bright minds in our day have realised and deplored the poverty and chaotic condition of official therapeutics?

If practitioners would inquire into the dosimetric method and test it properly, and with seriousness and reflection, they would promptly come to the conclusion that it possessed all the elements of really scientific therapeutics. The determination of the true properties of the various alkaloids and the laws for their administration must be credited to the method so positive and effectual, symptomatic and pathogenic, which Burggraeve has given to medical science.

"Dosimetry," as Dr. Reignier says, "answers all indications; it answers cellular deviations, errors of force and of matter, also indications taken from parasitism. Let the vegetable or animal germs be or not factors of disease, it saturates them with its salutary and at the same time toxic elements by its method of stroke upon stroke, or by a continuation less violent, but skillfully managed, so that the parasites, constantly plunged in a deleterious medium and saturated, necessarily succumb in this unequal struggle of a rival concurrence so vigorously kept up by the alkaloids. This admirable method, unique in science, which allows us to saturate with alkaloidal life a medium threatened with death by the frightful proliferation of these minute organisms, without danger to the economy, is assuredly one of the great discoveries of our times."

Medical antisepsis, so much desired and sought after, is better realized by this method than by any other, for besides the use of properly called antiseptics, such as sulphide of calcium, monobromated camphor and the salicylates, the introduction into the system of excito motor alkaloids secure this end by their action in favoring the elimination of the microbes or the poison they generate through the emunctories and especially by assisting organic resistance to the microbic poison.

Dosimetric literature presents to our view numerous authentic reports of the jugulation of acute diseases and this important fact determined and realized in daily practice by the schools of Burggraeve constitutes the great medical advance of our day.

This great fact may not be understood nor accepted by the mass of the profession, but it is nevertheless beyond doubt and susceptible of demonstration by any one who will test for himself. Alkaloidal medication and the rule of small doses, frequently repeated till obtaining of effect, have rendered it possible. What is the idea and how is it to be secured? The matter is simple; it lies in sustaining the strength of the patient, in freeing any embarassed organ, in re-establishing the disturbed equilibium at the very onset of disturbance. No procrastination, no waiting for organic lesions to appear in order to make a learned diagnosis (which, by the way, may be a hundred miles from the truth) but action and decision; no preconceived theories, no system, but action; dosimetry is therapeutics in action, a march on disease with irresistible dash and method.

By jugulation is not meant throttling disease at one blow, by a knock-down argument, but a close and persistent assault, by means of small

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and oft-repeated doses, so as to gradually restore the disturbed equilibrium and thus prevent the appearance of organic lesions so dangerous to human life. Jugulation will be secured by sustaining vital force, relieving organic distress without embarrassing or paralyzing the economy by throwing bowlders at it. By acting dosimetrically, that is, not charging the organism with more than it can bear, we will avoid therapeutical disorder, that is an indigestion of medicines.

The important factor in the jugulation of diseases is the repetition of doses and its clearness, thoroughness and rapidity are governed by the frequency of this repetition. The more acute the disease the more frequent the repetition. In the dosimetric administration of the alkaloids, the disease is followed up step by step, wave by wave, until it is conquered.

The tact and skill of the physician lie in the adaption of the medication to the march of the disease.

Disease is a complex gathering of phenomena, whose morbid elements must be separated from each other so as to arrive at an exact knowledge of cause and effect. Morbid symptoms are the manifestations of the suffering organism, and therapeutical indications are furnished by them. Burggraeve says: "We must not consider a symptom abstractively, but refer it back to its source and seat." Dosimetry does not attack symptoms blindly, like empiricism, but reasons them out. We have, in consequence, a *dominant* and *variant* treatment; the *dominant* attacks the cause or predominating morbid element and the *variant* is directed against the various secondary symptoms, which react on the economy and increase the sufferings of the patient. With the doctrine of morbid elements, as Castro says, never, even at the beginning of disease, are the indications uncertain, for if we cannot yet diagnosticate the disturbance, we can at least make out the abnormal elements which it presents, such as fever, pain, spasm, etc. (Pain is at the same time mother and daughter of disease.) This doctrine, the only practicable one, has an importance so much the greater that it is precisely at the beginning, before diagnosis is possible, that the resources of therapeutics are the mosl efficacious.

To the physician who is making his first trials of dosimetry, the difficulty is to detach his mind from the posology he has been following heretofore. In classic medicine, the *weight* of the dose, that is, the quantity not to be exceeded during a given time, regulates therapeutics, but in dosimetric practice, the weight is nothing, the element most considered is *time;* the disease must be controlled promptly regardless of the quantity of medicament required to accomplish the result. The doctrine of maxima doses, that is, the quantity of a medicament which the economy can safely bear at one time, is surrounded by uncertainty and danger. We may sometimes accomplish brilliant results with a maximum dose, but sometimes also, alas! the results have gone beyond our expectations and very unpleasant consequences have followed.

The dosimetric method recognizes neither maxima nor minima doses, but only the sufcient dose, which can only be found by the rule of small doses, sufficiently repeated to overcome the morbid symptoms, to satisfy the needs of the suffering organism, neither more or less.

The initial dose being incapable of producing any pronounced effect, it is by its frequent repetition that its therapeutical effect becomes sensible. In acute diseases the shock of a massive dose is noxious, disturbing, while the dosimetric dose assists the economy in its efforts to recover from the assaults of disease.

One point in dosimetric medication which has has not been well understood, is that the alkaloidal granules being entirely and quickly soluble, are consumed as fast as administered and cannot accumulate in the system; so that it is impossible to calculate the quantity of the medicament present in the blood at any given time. Consequently, to get a therapeutical effect, the administration of the medicament must be kept up at short intervals to secure the desired effect, and as the fractional dose is small the effect is produced without a shock, the quantity necessary to produce the effect can never be exceeded and intoxication is impossible.

It has often been a source of wonder to those not versed in dosimetry to see most serious symptoms quickly vanish under the administration of a few alkaloidal granules quickly repeated. It is also astonishing to see sometimes the enormous quantity of a powerful alkaloid ingested by some patients before a therapeutical effect can be produced. That goes to illustrate the difference in tolerance in individuals, which must never be lost sight of.

If the dosimetric method of dosage enables us to proceed boldly and fearlessly in the treatment of acute diseases, such is not the case with the maxima doses of ordinary practice. Here the physician's hand is restrained by the uncertainty in the composition and activity of his medicaments. "No physician," says Goyard, "who does not use the dosimetric granules, which are immediately soluble, can pretend to get that perfect consumption of the medicament which allows us to relieve the wants of the organism effectually without being stopped by a preconceived figure or dose, or by a therapeutic accident."

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In dosimetry there is no maximum dose in acute diseases, but only the necessary dose. As soon as the soluble alkaloids reach the mucous membranes, solution and absorption begin at once and continue with regularity. The physician has full control of the activity of his medicament, for it is determined by the intervals of ingestion. He is not working in the dark, but surely and safely. The dose is not a preconceived, empirical or doubtful quantity, but just what the organism requires, as it is repeated until the demand is satisfied.

The end which the physician must always keep in view in the treatment of acute diseases, is the prevention of organic changes, for therein lies the danger. He should not wait until he can discover an organic lesion before putting his batteries in action, for then he is handicapped.

Instead of having only functional or dynamic disturbance to quell, he finds himself face to face with difficulties often beyond the resources of his art. It is much easier to deal with preventive than with curative therapeutics.

All grave diseases are ushered in by chill, followed by fever, the intensity of which is proportioned to the intensity of the chill. Consequently, the physician's efforts should be directed towards the restoration of the flux towards the periphery so as to prevent internal organic congestions.

"Principiis Obsta."

Such is the fundamental doctrine of dosimetry, the soundness of which cannot be gainsaid by any one. As the objective point in medicine, as viewed in modern times, is towards prevention rather than cure, the correctness of dosimetric doctrine is thus proven.

We conclude by saying that dosimetry, as Castro sums up, by its systematic recourse to action and energetic intervention, is in accord with the principles of science and is justified by the results of observation.

That the demands of modern medicine in therapeutics are simplicity, precision and positiveness, qualities which are found in the dosimetric method. That modern hygienic science, with the assistance of dosimetry, will go far toward realizing the summum bonum of medicine, the prevention of disease.—*Pacific Med. Jour.*

Doctors' and Lawyers' Fees.

We had a great excitement a few weeks ago in San Francisco. Men who scarcely knew each other and were in the habit of passing with the slightest recognition, stopped, clasped each other's hands, looked earnestly into each other's faces, spoke in subdued tone of voice and showed all the evidence of having experienced an alarming shock or having heard portentous news. Nothing else was talked of at the clubs, chestnuts were at a discount, and even club scandal was neglected for the time. The great daily papers as well as the weekly news scavengers lent their assistance to fan the popular excitement. John W. Mackay, the many times millionaire, had been shot by a would-be assissin; this, however, was not the cause of the excitement (shooting a man, even a millionaire in California, has long since ceased to be a novelty). The excitement was about the fact that two medical gentlemen who extracted the bullet and saved the millionaire's life had charged him $12,500. For the too little sympathy that the millionaire received when he was shot, everybody, press and paper, made up for the neglect now. Millionaires congratulated each other that they were not in need of medical service, and hoped when their taking off time came, their departure would be a sudden one—no chance for a physician to wreck their estates. The foolish fellows in their excitement forgot that their estates were in no danger of being wrecked, forgot that their attorneys would protect it.

Since recovery from his wounds and the $12,500 indignation shock, he has asked the probate court for permission to distribute the property and close an estate for which he was executor. Among the items of expense which he incurred as executor of this estate, is, attorney fees $26,160; for what? for piloting the will through the probate court, an automatic procedure that required neither skill, ability, learning nor judgment. Will John W. Mackay explain why he was willing to allow the attorney $26,160 for the service rendered, and refused to pay his physician $12,500 for services that required much more individual skill and judgment and a thousand times more responsibility on their part than was required of the attorney? The $26,160 item created no excitement, but one newspaper seems to have noticed it, and congratulated the attorney on having received a good fee. Perhaps the daily or weekly press will explain why a millionaire should not pay a *physician* as liberally as he does an attorney.

Another attorney of this city is receiving the congratulations of the press and his friends on the receipt a few days ago of a fee of $75,000. The attorney received one-fifth interest in the estate, which was then involved in litigation. What what would be thought of a physician who would undertake to cure a patient for a certain interest in his (the patient's) estate.—Editorial in *Pacific Medical Journal.*

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The Lochia.

Dr. Giles read a paper before the Obstetrical Society of London on the quantity of the lochial discharge after labor. The conclusions derived from observations on sixty cases were as follows: 1. The average normal quantity of lochia is about 10½ ozs.; 2. the duration of the discharge is on the average nine or ten days; 3. the degree of "parity" does not influence the quantity; non-suckling does not increase the discharge; 5. the quantity is generally greater in younger women up to the age of 25; 6. the weight of the child has a slight, and that of the placenta, a well marked influence the quantity increasing with the weight of the placenta; 7. the quantity increases with the amount of hemorrhage at the time of labor; 8. the lochia are more abundant in the case of those who habitually menstruate profusely; 9. the quantity is generally greater in the case of women of darker complexion. The difference between Gassner's results — namely, 52¼ ounces—and the author's namely, 10½ ounces —was attributed mainly to the use of antiseptics, partly to the effect of astringent douching. The factors that influenced the quantity of lochia were discussed. The author believed that the three discharges—during menstruation, during labor and during the puerperium, were habitually greater in darker women.—*Brit. Med. Jour.*

Ovariotomy Without Anesthesia.

A case was reported at the Surgical Congress in Paris of a double ovariotomy on a patient with heart disease, where no chloroform was used. Local anesthesia along the line of incision of the abdominal wall was produced by the application of chloride of ethyl in powder. The woman recovered without trouble.—*Pacif. Med. Jour.*

The Analogous Action of Alcohol and Chills as Excitants of Malarious Disorders.

It is a constant experience of persons resident in India for even a few years to become infected with so-called Malarial poisoning.

Such persons are prone every now and again to sharp, short attacks of simple fever, not necessarily preceded by an ague fit, but ushered in with increasing and excruciating pains about the loins, limbs and head, together with a rapid rise of temperature. Two conditions are known constantly to predispose, if not actually to induce, such febrile manifestations. A sudden chill does this. And alcohol acts pathologically in the same way. We will explain this by two illustrations. (1) A person has engaged in two or three sets of tennis, or may be has done a big ride on his bicycle, or blustered about for an hour or two at an evening game of football. He is not accustomed to this sort of exertion, and is therefore more prone to its temporary depressant action. Wet or drenched with perspiration, he lounges in the open air or under a punkah, without first of all, changing his wet clothes or covering himself with an overcoat by way of protection. The consequence is that within 48 hours he is down with the febrile trouble above described. If these symptoms are not promptly attended to, the fever takes a firmer hold and becomes a *remittent*, lasting 5, 8, 10, 12, 14, 18 and 21 days, often longer. An infinity of complications may accompany one of these attacks. Persons accustomed to exercise seldom suffer, while those who make it a point to protect themselves in the manner indicated are notably immune. Pathologically a chill acts harmfully by driving the blood from the surfaces of the body into the deeper viscera. This hyperemic engorgement apparently acts on the latent malarial germs, inducing a virulent potency, resulting in the above febrile manifestations.

(2) Persons with the same latent malarial tendency enjoying good health apparently, are subject to similar febrile disorders after imbibing beer or spirits, contrary to their usual habits of life. Alcohol by exciting the circulation and causing a more active determination of blood to the larger viscera, chiefly such blood glands as the liver and spleen, sets up similar morbific potency in the malarial spores, producing analogous febrile action to a chill.

It is a notorious fact that those who imbibe alcohol freely suffer from the more violent and seriously complicated forms of malarial disorders. There is a very prevalent belief among Europeans, and it is lamentable filtering into the Indian mind, that alcohol, in one of its many forms, is a protective against malaria. Under this delusion a "whisky peg" follows tennis, cycling or football, with the above doubly harmful effects. the stimulant action of the drug may relieve the transient depression of exercise; but, to say the least of it, the peg very often invites the coffin. The moral of these thoughts to the malariously-inclined may be summed up in a small bit of what is now sneeringly styled "old-motherly advice":—Protect yourself from a chill and avoid "pegs." —*Indian Med. Record.*

Editor MEDICAL WORLD:—"The Physician as a Business Man' is a library in itself. No doctor can afford to be without it, even though it should cost ten times the price asked. Cash dollars represent its value to me to-day. LOUIS F. HIGH, M.D., Woodburn, N. C.

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Buried Alive.

Drs. Joyner and Davis, of Jonesbore, Ark., contribute the following reminiscence to the *Miss. Med. Monthly*:-

The case of the mind-reader who is to be buried alive at Chicago, is not the first case on record of modern times, as will be seen by refering to *The Eclectic Journal of Medicine* of August, 1837, page 394, and communicated by H. M. Twedell. This person, according to Twedell, was a young man 30 years of age, a native of India, who allowed himself to be buried alive for weeks and months by any person who would pay him handsomely for the same.

It seems that he acquired the habit of holding his breath by shutting his mouth and closing the posterior nares with his tongue; he also abstained from solid food for several days for obvious reasons He then allowed himself to be sewed up in a cloth bag; and, after his cell, which was twelve by eight feet, was lined with masonary, and floored with cloth, to keep off the white ants, he was ready for burial. He was buried in the sitting posture, sewed up in a shroud, with his feet turned in toward his stomach, and his hands turned toward his chest. Two heavy slabs of stone, five or six feet long, several inches thick, and broad enough to cover the mouth of the grave,and earth plastered over them. People were placed near the grave, that no deception could be practiced. At the end of a month the man was dug out, and found to be in a perfectly senseless condition. His eyes were closed, hands cramped and powerless, his stomach very much shrunken, and his teeth jammed so fast together that an iron instrument had to be used to force them open. After pouring a little water down his throat he gradually recovered his senses and the use of his limbs; and, sitting up, conversed with those who supported him in a low voice, saying, "You can bury me again for twelve months, if you wish." It seems that, for several days before he was buried, he lived entirely on sweet milk, After his resurrection he seemed very anxious until he found his stomach and bowels were all right.

This case is vouched for by Lieut. Malkesan, of 14th Regiment, N. I., British Agent for the Navigation of the Indies, and Lieut. Boil, ean, C. E. of the great Trigonometrical Survey of that part of India, and several others.

Things Worth Remembering.

Syringes, whose canals have become obstructed so that a fine wire cannot be drawn through, are cleaned by holding them a moment over a flame; the foreign substance is thus quickly destroyed and driven off. If a wire has been rusted into the needle it should be dipped in oil before holding over the flame. To remove the rust from the interior of the canula, it is well to pass oil through the canula then heating it, then rinse it out with alcohol.

Oleum ricini is claimed to be an infallible remedy for warts, applied once a day for six weeks.

Half a dram of boric acid in an ounce of alcohol is excellent treatment for acne if applied five or six times daily.

Statistics show that at least eighty per cent. of the patients who have puerperal convulsions are primiparæ.

Bartholow gives a small dose of nitric acid, largely diluted, every two hours in failure of the voice from mucous laryngitis or fatigue.

A writer in the *Lancet* claims to have relieved cases of obstinate tympanitis instantly by placing the patient in the knee-chest position.

Several foreign physicians advocate a new method of curing prolapsus uteri by sewing the elevated organ to the anterior abdominal wall.

Half a teaspoonful of the ammonium chloride in a goblet of water is said to restore a drunken man to his mind and physical powers.

In every case of gonorrhea warn your patient of the danger of conveying the disease to the eyes by the fingers, and of the fearful results of gonorrhœal ophthalmia.

For epistaxis Dr. Geneuil of Paris after washing the nostrils with fresh water injects a syringe full of *fresh lemon juice*, (citric acid will not act as well).

Violent Vomiting—Woodbury says that a Seidlitz powder divided in four parts, one every fifteen minutes, has better results in violent vomiting than anything else he knows of.

Morton says: "I make it an invariable rule to examine the urine of every patient on whom I am going to operate, except, of course, in cases of extreme emergency. The presence of albumen or sugar largely influences my prognosis."

Wood wool is now widely used, and has become generally recognized as an efficient, useful, and the best absorbent dressing.

It is stated that rhus toxicodeneron is almost a specific for enuresis—dribbling of the urine from partial paralysis of the bladder.

A poultice of salt and the white of an egg is a powerful resolvent, and if applied in time will disperse a felon.

The following is a broad rule; Dropsy of the feet alone means heart, dropsy of the belly alone means liver, and dropsy of all the body means kidneys,

Balfour reports thas he has almost never failed to obtain prompt relief in cases of pruritus of the anus and vulva from an ointment containing 80 grains of calomel to the ounce of vaseline or other unguent.—*Mass. Med. Jour.*

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A Heavy, Dull Headache

Situated over the brow, and accompanied by languor, chilliness, and a feeling of general discomfort, with distaste for food, which sometimes approaches to nausea, can generally be completely removed by a two-grain dose of the iodide of potassium dissolved in half a wineglass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person, who, a quarter of an hour before, was feeling most miserable and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.—*Medical Record.*

Relation of Rheumatism to Chorea.

Papers treating on chorea were read by the three gentleman mentioned below, and their conclusions were as follows:

Dr. Townsend concludes—

(1) Fright, eye strain, debility, and school-pressure, particularly the latter, which often includes some of the former, are potent, exciting causes of chorea.

(2) Rheumatism, although absent from the history of at least half the choreic patients, occurs with greater frequency among the choreic than among the non-choreic cases.

(3) There is an intimate relation between chorea and rheumatism.

(4) The heart murmur so frequently heard in chorea, sometimes associated with chorea and sometimes not, is in a considerable proportion of the cases due to endocarditis, and leads to organic valvular disease.

Dr. Crandall in his paper states that he should class rheumatism, fright, hysteria, excitement, and pregnancy, not as all powerful agents for the production of chorea, but rather as exciting agents for the production of the disease in subjects predisposed to it, the most universal and potent of which is rheumatism.

Dr. Adams concluded—

(1) That chorea is due to rheumatism in but a small percentage.

(2) That the heart murmur are hemic in the largest number of cases.

(3) That the successful treatment would seem to exclude latent or apparent rheumatism.

(4) That anemia and chlorosis are well-marked in nearly all cases.

(5) That severe impoverishment is by far the most potent factor.—*Arch. of Pediatrics.*

Formulas.

Correction.

On page 297, August WORLD, in the prescription for general nervousness, bottom of first column, the amount of strychnine sulph. should be grain one-half instead of dram one-half. Also, in Dr. Loving's formula, middle of next column, strychnine should be grain one.

On page 259, July WORLD, prescription for dissolving cerumen in the ear, we suggest that the water should be to four ounces instead of drams.

Irritative Cough of Phthisis.

Dr. F. P. Henry, of Philadelphia, in the Kansas City *Medical Index*, indorses the following formula, which has been employed for many years at the Episcopal Hospital of Philadelphia:

R. Potassii. cyanid ..... grains j
Morphine acetat..... grains j
Aceti sanguinariæ..... drams ij
Syr. tolut..... ounces j
Aquæ..... q. s. ad ounces iij
M. Sig.—One teaspoonful every three hours.

Burdock Root Hair Oil for Stimulating the Growth of the Hair.

The *Medizinische Chirurgische Rundschau* gives the following:

Burdock root, well dried and coarsely powdered	1000 parts
Best olive oil	4000 parts
Orange oil	50 parts
Spanish geranium oil	25 parts
Clove oil	10 parts
Neroli oil	5 parts

Digest the burdock with the olive oil in a hot water bath for four hours, and then set the mixture aside for ten days, giving it frequent stirrings. Filter off and add the essential oils. To get good results the oil should be well rubbed into the scalp and hair follicles.—*Pacific Record of Medicine and Surgery.*

For Acute and Chronic Inflammation of Kidneys.

Shown in the bloody urine, also thick and turbid urine, filled with muco-purulent matter; also accompanied by pains in the back and loins, or a sharp pain in the ureters, etc., when voiding the urine. A few doses will clear up the urine and remove the pain.

R. Fld. ext. hydrangea..... drams j
Fld. ext. hydrastis..... drams j
Eucalyptol (Sauder & Son)..... ounces ss
Aquæ..... ounces iv
M. Sig.—Shake well; teaspoonful four times daily.

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For Anæmia.

Dr. Solis-Cohn.

R. Tinct. ferri chloride.....drams ij
Acid phosphoric dil.....drams ij
Glycerinæ.....drams vi
Solution hydrogen dioxide q. s.....oz. iij
M. Sig.—Two teaspoonfuls in three ounces of water before meals.

—*Polyclinic.*

Nervous Debility.

R. Acid phos. dilut.....drams iv
Calisayæ elix.....oz. ij
Elix. valerian ammon.....oz. i
Glycerinæ.....oz. ij
Vini xerici, q. s.....oz. viij
M. Sig.—Tablespoonful in water three times daily.

To Allay the Craving for Alcohol.

R. Tincturæ capsici.....drams i
Tincturæ nucis vomicæ.....drams i
Acidi nitrohydrochlorici diluti.....drams i
Infusi gentianæ ad.....oz. xij
Misce et fiat mistura.
Sig.—Two tablespoonfuls as often as required

—*The Practitioner.*

Epilepsy.

Brown-Sequard.

R. Amonii bromide.....drams ij½
Potass. iodidi.....drams ij½
Potass. bromide.....drams vi
Sodii bicarbonates.....drams ij
Tincturæ calumbæ.....oz. ij
Aquæ distillatæ.....oz. vi
M. Sig.—Dessertspoonful after each meal, and tablespoonful at bed time.

Soothing Syrup without Opium.

R. Oil anise.....m. xxv
Alcohol.....oz. ij
Fl. ext. valerian.....oz. i
Oil peppermint.....m. xv
Tinct. camphor.....drams ij
Fl. ext. licorice.....oz. i
M. Sig.—Shake the bottle Dose, one-fourth to one-half teaspoonful in water, repeat as needed.

—*Med. Age.*

Painless Extraction of Teeth.

R. Hydrate Chloral.....gr. viij.
Hydrochlor Cocaine.....gr. iv.
Acid Carbolic.....gtt. v.
Aquæ.....q. s., oz. ij
M. Sig. Inject 5 to 8 drops into the gums, and wait five minutes before extracting teeth.

—L. Slominski, M. D. Burlington, Iowa,
American Medical Journal.

A Non-Bitter Solution of Quinine.

A German mixture is made as follows:

Sulphate of quinine.....15 grains.
Dilute sulphuric acid.....15 minims.
Saturated solution of saccharin.8 fluidrachms
Spirit of peppermint.....2½ fluidrachms
Water.....5½ fluidounces.

—*Medical Free Press.*

Favorite Prescriptions for Vomiting.

R. Cocaine.....gr. ij
Aquæ calcis.
Cinnamoni.....aa oz. j
Sig. Drams j Every half to one hour.

Good for vomiting in all cases including pregnancy.—*Field.*

R. Vini ipecacuanhæ.....q. s.
One drop every half hour or more.

Good in all cases.—*Ringer.*

R. Liq. potassii arsenitis.....oz ss
Sig. A half drop every half hour for 6 or 8 doses.

Vomiting of drunkards and pregnancy.

—*Smith*

R. Hydrargyri cum cretæ.....gr iv.
Sacch lactis.....gr. x.
In pulv. No. xij.
Div. A powder dry on the tongue every two hours.

In children with clayey stools.—*Ringer.*

R. Cloroformi.....dram j.
Sig.—Two to five drops on sugar.

In non-inflammatory vomiting.—*Ringer.*

R. Acid hydrobromici
Sig.—Thirty drops in half wineglassful of water 4 times a day.

In vomiting due to gastric ulcer.—*Ringer.*

R. Acidi carbolici.....gr. iv.
Bismuth subnit.....dram ij.
Mucilag. acaciæ.....oz j
Aquæ menth. pip.....oz. iij.
Sig.—A tablespoonful every 2 to 4 hours.

In vomiting due to disordered stomach or bowels.—*Bartholow.*

R. Ext. belladonnæ
Ext. physostigmatis
Ext. nucis vom.
Aloini.....aa gr. xv.
Ferri. sulph. exsic.....dram j.
Ft. masse et in pil. No. lx Div
Sig.—One pill at bedtime.

For hysterical vomiting.—*Bartholow.*

R. Creasoti.....m iv
Aquæ.....oz iv,
M. ft. mist.
Sig. Two teaspoonfuls, repeated as necessary.

—*Niemeyer.*

The formula is wanted of "William's Pink Pills for Pale People."

Reviews.

REACTIONS. By F. A. Flükiger, Ph.D., M.D., of Strasburg. With portrait and letter of the author. Price $2.00. Geo. S. Davis, Detroit, Mich

This is a most useful and necessary work to the pharmaceutical chemist and the physician who goes somewhat into the chemistry of medicines. The principal new remedies and alkaloids are fully treated in the author's simple scientific style.

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A.: WHEN a man tries to borrow money from a friend, that is experimental philosophy. B.. Yes: and when the friend refuses, that is natural philosophy. —*Truth.*

DR. W. C. ABBOTT, of Ravenswood, Ill, the accomplished writer so well known to our readers, is also well known to the editor as a live business man, and as providing good medicines in an attractive form. Send to him for granules.

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She stormed, and she scolded, and fretted and fumed,
Till her friends thought she surely was mad;
But the doctor he calmed them by telling them that
It was Nervous Prostration she had.

And her sister, she too was a termagant born
And her tongue it dropped wormwood and gall
She embitted the life of her neighbors and friends.
But this same strange disease did it all.

"Have patience! Have patience!" the Doctor enjoined,
I will treat her condition of mind,
This particular lesion most truly has been
Discovered just lately, I find."

When deficits, 'twas rumored, were found in accounts
At the bank up in Jonesville last spring,
The Cashier was seized with a Nervous Attack
And was safe neath its sheltering wing.

A thousand such cases were mine to recite,
But I pause for the want of more space,
While the Grip, Cholera, Measles, and Ague subside,
To give Nervous Prostration a place.

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To Dr. G. W. Hartshorne Co., Columbus, N. J.:—James T. Scott, M.D., Paynesville, Pike Co., Mo—"I write to thank you for the Bismuth Comp. you sent me. I have tried it in the foetid scrofulous diarrhœa of infants. It gave prompt relief. The ordinary treatment did no good. I tried it in the case of an old lady who had been treated by several physicians and grew constantly worse. Opiates and astringents passing away in a short time after being taken. I was called in consultation, carried my little bottle, (samples) with me; gave her 4 powders of 5 grs. each and cured her.'

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A FINE alterative tonic is the Three Chlorides, by Renz & Henry, Louisville, Ky.

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SHE—Engaged two girls at the same time! Well, what are you going to do about it?

He—O, I am all right, but what are they going to do about it?

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"Well. I feels pooty poo'ly, I does. But I ain no wise skyart."

"Why?"

"Kase November's mos' gone. An' I've allus noticed dat when I libs fro de month ob November I libe fro de whole yah."—*Washington Star.*

I HAVE found Peacock's Bromides exceedingly efficacious in headache and cerebral congestion, more so by far than the ordinary bromides. James MacMunn, L.R.C.P., L.R.C.S, President Medical Officer, Great Northern Hospital, London, 39 Cecile Park, Crouch End, London, England.

CHANGE OF TITLE. *Daniel's Texas Medical Journal* has changed its name to the *Texas Medical* A rose by any other name is just as red, and we understand that

(*Continued on next leaf.*)

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THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D., J. J. TAYLOR, M. D., } EDITORS.

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Food in Health and in Disease.

We give our readers this month a number of excellent articles from practical workers in the profession on various phases of the subject of diet as it relates to the preservation of health and recovery from disease. There must necessarily be much left to be said, even after the pages are full, as the subject is not only a vast one, but also a very important one. The views and experiences expressed in the following pages may stimulate to further investigation and research, the results of which we may see hereafter.

* * *

One phase of the question of diet is that which relates to the digestibility of different articles of food. Individual experiences must be observed as a partial guide to each person in the choice of food. However, in our own experience, digestibility is almost synonymous with masticability. In other words, those substances which have a bad reputation as resisting digestion will generally be found to be articles that are difficult of complete mastication. To be fit for digestion the food should be reduced to the condition of a soft, smooth paste, wholly without lumps. Many persons will not take the trouble to do this excepting with those substances that are very easy of such reduction. Take, for example, a soft, mealy potato and compare it with a tough, sodden potato or a new potato or a dish of fried potatoes. One can easily digest the toughest potato if he will only take the pains, however much trouble it may be, to thoroughly and completely reduce it before swallowing. Corn and beans also enjoy the reputation of being very hard to digest, simply because so many persons will not take the trouble to hunt out each separate grain and grind it up. It is a well-known fact that Gladstone was a dyspeptic until he learned to properly masticate his food. It is said that he formed the rule to give thirty-two "chews" to each mouthful of food. Our own rule is to retain food in the mouth as long as it gives pleasure to the taste. The best rule, however, would be to chew a given mouthful as long as there are any lumps or portions, even the smallest, not reduced. A hard- boiled egg is considered indigestible, and it is so only because its toughness gives it resistance to the process of mastication; while a raw or soft boiled egg, or one boiled a long time until it becomes "mealy" is quite easy of digestion. According to this rule, the following articles, in addition to those already mentioned, as examples of those usually considered indigestible, would be easily digested if being taken in reasonable quantities, the necessary pains were taken to completely masticate them: green or tough fruit, raw or imperfectly cooked cabbage, raw cucumbers, pickles and raw vegetables generally, preserved citron, watermelyn, tough cheese, pineapples, sodden bread and pastry, *et cetera.*

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Fried and other forms of greasy foods are indigestible, to many mainly by reason of the fact that the minute particles of the food are enveloped in a coating of grease, which protects them from being attacked by the gastric juice. This, also, can be largely overcome by perfect mastication. The inability to take fried food comfortably, however, does not necessarily imply inability to digest pure fat, taken in the proper form. So then, we see that very often the digestibility of articles of food depends not so much upon the form in which it is presented as upon the form in which it is swallowed. A good dentist is often needed instead of a physician.

* * *

Another important question in regard to habits of eating is that which relates to the quantity of food taken. The great American disease must be dilatation of the stomach. Nine-tenths of us eat twice as much as would be needed to preserve life, health and happiness. All desserts should be eaten at the beginning of the meal, as you are going to eat the dessert anyway, and when you consider yourself ready for it you have already eaten all you need. If the order of the meal were thus reversed and dessert eaten while it can be enjoyed with the keen relish of a fresh appetite, and as much as is desired of the common articles eaten to finish the meal, the desserts would be enjoyed more and they would not so often disagree. The small boy is right in calling for his pie first—it is the instinct of nature. The surplus portion of food often remains undigested in the stomach, fermenting and causing disease by the subsequent absorption of the products of fermentation thus established. For this reason an alkaline draught (preferably hot) thirty to sixty minutes before meals, is often very beneficial.

Beware of feeding against the appetite. Aversion checks secretion. There are but few circumstances that can justify urging patients to take food which they do not like.

Dr. Albert S. Ashmead of New York, reports thas cow's milk is not used in Japan. The children nurse from the breast until six years of age. Hence the absence of tuberculosis among the common people. The Doctor also thinks that this partly accoun s for the absence of rachitism.

The position that Prof. Roberts Bartholow holds in the hearts of his professional brethren makes it a great pleasure to us to be able to report his complete recovery to health. This we do in response to many inquiries received. We hope he has many years of professional activity yet before him.

Dr. Joel Shew, of New York, advocates the "Hunger Cure"—abstinence from food for several days, even to one week—for many diseases, especially rheumatism and acute fevers.

Salt and Health.

The *North Western Lumberman* gives the unusual exemption from disease of the workers in the salt works of Northern Michigan.

They are especially exempt from catarrh, pneumonia, tuberculosis and malaria.

It also relates the case of a physician who cured himself of consumption by the free use of salt independently of his food. He carried a box of it in his pocket and took frequent pinches.

It also cites the well-known health of those who sail upon salt water.

The following noble tribute has been given of a modest country practitioner by a professional brother:

"He had also charge of transporting sick and wounded from the field of Antietam to Washington and never slept after the battle till all the wounds were properly dressed.

The practice of medicine with Dr. Nichols, was not merely a business but a calling, which he followed with great self denial among rich and poor alike until his failing health made it impossible for him to ride in a buggy. He was always kind and gentle of manner and full of tact and good judgment. He never became callous to the sufferings of others and said that roughness, bluster and self assertion had no place in the practice of medicine. He leaves a widow and six children."

Dr. August Stabler gives this tribute of his friend, Dr. Jere Nichols, who died December 24th, 1892 in the house in which he was born in 1833, at Brighton, Md. It might well be the ambition of every medical student to so live that he may leave such a glorious record.

Many valuable and interesting articles are necessarily held over until next month.

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Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Diet in Typhoid Fever, Gastric and Intestinal Disease and Heart Disease.

Editor MEDICAL WORLD:—In treating any disease, it is well to sit down and consider what food our patient needs and whether he can digest it. In typhoid fever, for instance, a disease characterized by debility, where the body loses about one fifth of its weight and the most, if not all, of the deaths are due to debility, the need is assuredly for highly nutritious food in full amounts. Nevertheless, the French say that it is absolutely impossible to feed the patient at all; and that we might as well go back to the water-soup of Hippocrates, since nothing but salt and water can enter the blood; even milk, the stand-by of the profession, acts only as salt and water, while the casein, fat and sugar only go to add their undigested matters to the fermenting, microbe engendering contents of the stomach and bowel. The reason is, of course, that the Peyer's patches being diseased to such an extent as to render it impossible to perform their function, the patient is in precisely the same condition as one whose thoracic duct is occluded. This is true enough, and the emaciation is as great in the one case as in the other. Nevertheless, there are two fallacies in the Gallic argument. Firstly, the intestinal glands are not all diseased in most cases of typhoid, nor are they all diseased at once, the affection progressing from above downward; therefore, some of the glands may be in a condition to perform their functions at all stages of the fever. Secondly, all the food does not enter the body by way of the lacteals, although what does is essential, as is shown by the serious consequences of obstruction of the thoracic duct. Most of the food products, as digested in the stomach or intestines, are absorbed directly into the veins, and carried by the portal way into the liver. This gateway remains open even in typhoid. Now it is evident that such food as the albuminoids and hydro-carbons can get out of the bowels into the blood, provided they have been properly digested. But here another obstacle appears. In typhoid, as in all fevers, the secretion of the digestant principles is wholly or in part suspended. Food is loathsome because it lies undigested until it has decomposed, and thus a new discomfort and danger is added. No wonder the older physicians insisted on starving the patient. Their observation was correct, although the explanation of it was wrong. Free feeding increased the fever, not because it added to that terrible "buffy coat" in the blood, but because it sickened the patient and afforded toxic ptomaines to be absorbed into his blood. We now-a-days meet this difficulty by digesting the food for the sick man; either in the stomach or before he takes it. Pepsin for albumen, pancreatin for fats, or diastase for hydro-carbons; or, perhaps papain instead of either, as it seems that that wonderful substance is very nearly a universal digestant.

Some foods do not seem to require digestion. Raw beef, raw oysters, require very little; raw blood and the raw white of eggs seem to require none. Milk requires only the addition of rennet, and we have a remarkably palatable, nutritious and unirritating food. The raw foods named I have given many a time, and the closest examination of the stools failed to detect any undigested residue. I believe these substances are absorbed directly into the blood, without previous digestion. The predigested foods may be placed in the same category. They must be given much more freely than the manufacturers recommend, and I never care to rely upon them exclusively, but use them alternately with the other foods named.

It is well to bear in mind that the taste of the sick differs from that of persons in health; and that we must not expect a fevered palate to relish what seems delicious to us. All strong flavors pall upon the taste of the sick; the less taste the better. Calves foot jelly seems delicate to us; but the invalid prefers cold or frozen consommè, that has only a slight salty flavor, or the jelly of souse, faintly acid, to the sweet jelly. Junket should be made without flavor or sugar, and served well-cooled. Milk ought to be hot, with a little salt, and eaten by the teaspoonful. Raw beef may be scraped, made into a little cake, cooled between two cakes of ice, and served with salt, lemon juice, brandy or powdered with crushed ice. Oysters can be grated and fed by the spoonful to the patient, with a little lemon-juice. A delicious dish for convalescents is prepared by taking grapes and slices of shaddock or orange, with

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the membranous covering neatly dissected off and the seeds removed, and packing them in a cut glass dish with broken ice, so that every bit of fruit is surrounded by ice. Just try that yourselves. The white of egg may be beaten to a froth and dropped on a cup of coffee, or dissolved in ice-water.

As to the fat, I have been using for some time cod-liver oil digested by pancreatic extract, and must say that it is an important addition to typhoid diet. Certainly, patients no longer show the debility and emaciation on rising, and the convalescence is short. I must say a good word for coffee. It is the stimulant for typhoid; beats whisky all hollow; heartens up the man, helps him to sleep, and dissipates any remains of delirium that may have eluded the sulphocarbolate of zinc.

I also give my patients a little pure, fresh, fruit juice, every day, on account of the scurvy-like condition a bad typhoid case is apt to get into. Lemon, shaddock, orange or grape juice, freshly squeezed from the fruit, a wineglassful to a teaspoonful, as the patient bears it, is given at each feeding.

If in the above rather long list anything disagrees, it is omitted thereafter and the others substituted.

Typhoid patients should receive the more solid foods once in four hours, with the liquids once between times; making some nutriment every two hours, night and day. Exception is made for sleep, provided it be real and not coma-vigil. Water, boiled and then bottled and placed in the ice chest to cool, should be given freely; four ounces is generally enough in bulk of the food; this depending on the case, however, as large men require more. A glass of water should be tendered at each feeding, and the patient may take a part or all, as he pleases. If he wants more water, he can have it, unless he is vomiting, or is so saturated that he sweats at every drink.

This diet is also well suited for intestinal diseases generally, such as diarrhea, dysentery, cholera infantum, when not affecting the stomach, etc. Foods digested in the stomach alone are to be given, that the bowels may have a rest; while the hydro-carbons, fats, sugar and starch should be strictly forbidden. On the contrary, in gastric diseases, gastritis, cholera infantum with vomiting and little or no diarrhea, the stomach should be kept scrupulously at rest, and the patient fed with predigested food by the rectum, vagina or skin. The skin will absorb a good deal of food, if it be applied warm, by rubbing, or as a bath. I have rubbed lanoline into an arm so as to increase its girth an inch in two weeks. I have just heard that raw blood has been rubbed into the skin very successfully. Baths of milk are expensive, but they may be employed with benefit. Whether chloroform would increase the absorbability of food, as it does of the alkaloids, is a very nice question. I wish you would try it and let me know.

It would seem as if pepsin should be added to milk here, but I am doubtful of it. Randolph and Dixon added trypsin to milk and applied a continuous bath of it to a man's leg for some hours, and found the trypsin had digested—the man's skin. They had a very sore leg to treat.

In all cases of heart disease, when compensation begins to fail, and the heart shows that it is becoming unequal to its work. We have an important indication as to diet. We must lessen the heart's work; and our older readers know very well that a heart with incurable valvular disease will keep up for many years, if the work is apportioned to its strength. What is the heart's work? To pump the blood through the body about once every half minute, night and day. The more blood, the more work. The blood amounts on an average to one-fifth the weight of the body, but, it is increased by every drop of water we drink, and lessened by the excretions. Remember, it is the water only that is thus increased or diminished, the corpuscles, albumen and fibrin remaining the same. If we reduce the water one per cent. by abstinence, how many pounds less must the heart pump in a day? Some of you with a taste for figures and leisure can count it up. I have neither; but the amount is something astonishing. Hence, I say, the first principle in treating a heart that shows signs of failing to keep up, is to lessen its work by going on a dry diet, by taking as little food as possible; and the excretions soon reduce the water of the blood. Care must be taken not to carry this too far, as the gastric juice requires a certain quantity of water, and if this is not supplied, the process will be one of starvation. Enough water must be taken with meals to keep up the nutrition. The occurrence of drospy is a sure sign that the heart is failing and that too much water is taken.

Of all foods the most injurious in health or in disease, are our American favorites, ices. A glass of iced water or a saucer of ice cream will chill the stomach to such a degree that it will not begin to exercise its digestive functions for one hour. In this time many foods will begin to decompose or to ferment. Hence many ills, and the foundation of that gastric catarrh that has come to be considered a distinctively American disease. Iced tea is even worse, as

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the tannin in which tea is so rich precipitates the pepsin from its solution in the gastric juice. Any warm drink is preferable; and as the gastric juice exerts more power when well diluted, a full supply of drink should be taken with meals, when not otherwise contra-indicated. I would like to take up some other topics, such as the effect of sugar as a food, in large or in small quantities, but time and space do not permit. Perhaps some of you will explain why sugar always causes a fit of the blues with some people.

A few words about my own affairs:—My professional brethren have been very kind to me. The Manual of Treatment has been sold out completely, for years. The Outline of Dosimetry is about exhausted, in less than a year from its appearance, although an edition of extra size was printed. I have now in press a Manual of Dosimetric Medication, which the printers have promised by October 1st. It will contain about 250 pages, cloth, and will sell at $1.00. Should this meet as generous a reception as its predecessors, the new edition of the large work or rather its successor, "Applied Therapeutics," will be rapidly pushed to completion; perhaps by the end of the present year.

WILLIAM F. WAUGH, M.D.
1725 Arch Street, Philadelphia, Pa.

Concerning the Diet of Puerperal Women—Preparation of Foods.

Editor MEDICAL WORLD:—Twenty years ago I attended an emergency confinement case, in which the labor was tedious and severe. The woman was in feeble condition, having for several months preceding suffered from nausea, anorexia and consequent debility. My work completed, as I was leaving, the woman inquired what she might have to eat. My incautious reply was, "anything you want." Some twelve hours later, when I visited her, she greeted me with, "Doctor, after you left this morning, my husband went out and got me a muskmelon, and I ate half of it. May I have the other half?" As she was still alive and apparently had not been injured by the rather unusual puerperal diet, I sanctioned her eating the remainder of the melon. She then had lamb chops, potatoes, etc., etc., and thenceforward the usual every day diet of the family. Her getting up was exceptionably good, without complication or drawback.

This particular case set me to thinking. It should be remembered that twenty years ago the regulation diet of the lying-in-woman was slops of the sloppiest kind. To propose hearty food, especially meats, in those days would have rendered the doctor *particeps criminis* in deliberate homicide—if womanslaughter may be so called. It was the convenient wisdom of ages that the puerperal woman should be starved, lest she should have milk fever and a host of other undefined ailments that would cause sure death.

In my next confinement case the woman was reasonably and liberally fed. She did well. From that time to this I have insisted upon an ample diet for women after confinement, and I have never had cause to regret it, nor have I ever seen a woman after confinement in any way injured by eating a good supply of wholesome food. I have frequently had occasion to say that what is proper for a woman the week before confinement, is good enough for her the week after confinement. Patients have often eaten fruits, even strawberries, before the third day.

Of course I have had to fly in the face of Providence, in the persons of all the old women whose faith is pinned to toast and tea, but I have had my way so long in this matter that I am utterly indifferent to the dark predictions of the female oracles—indeed I rather enjoy the opportunity of bringing their prophesies to naught.

To Hippocrates is ascribed the saying that "The medical art had its origin in the dietetic needs of mankind." Now I do not profess to understand what this statement means. It may imply either that gluttony produces disease requiring the services of men with medical training to alleviate; or that the knowledge of the medical man is required to formulate a safe and wholesome dietary. However that may be, it is true that in our day, aside from the zymotic diseases largely due to insanitary conditions, more than half the disorders for which the physician is called upon to prescribe arise from, or are perpetuated by errors in diet. And in the treatment of disease, the consideration of what the patient shall eat and drink is one of the important remedial measures. Thus interpreted, the "Father of Medicine" was undoubtedly right.

Dietary tables, showing with chemical exactness the proper ratio of the proximate principles, the due proportions of albuminoids or proteids, starches, sugars, fats, and the inorganic substances, have been arranged, but they are based upon conditions of ordinary health, strength and activity.

As a matter of fact, in ordinary life we can approximate such standards only in a rough way. We eat what taste or circumstances shall present, leaving to the adjuncts of the digestive organs the task of digesting and assimilating and rejecting what is not required. Within proper limits this is done without seriously deranging the human economy.

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In case of unhealth the problem is wholly changed. Appetite and digestion fail, nutrition is deranged, and we have functional, if not structural complications to consider. It is important to select the right kind of food, but equally so that it be *properly prepared.* The new conditions demand that it shall be appropriate, palatable, savory, tempting, nutritious, digestible, assimilable.

The average cooking in this country is not a thing to be proud of. House-keepers need to apologize for the dishes set before healthy stomachs, whether they do their own cooking or leave it to ignorant and untrained servants Good cooks are rare. Cook books are helps, but suitable dishes for the sick are not surely well prepared with one eye on the cook book and the other in the pot.

The conclusion is that for the sick we require not only a proper selection of food, but that it be properly prepared, and presented at suitable times in proper quantities; then the patient may agree with Hippocrates that "The medical art had its origin in the dietetic needs of mankind."

Brooklyn, N. Y. BENJ. EDSON, M.D.

Food and Medicines by the Rectum.

Editor MEDICAL WORLD:—I think that too little is said by works of reference upon this subject, that so frequently is of vast importance.

With the stomach impaired in its power or refusing altogether to digest or retain food or medicine, what is to be done? If it be merely a case of acute sick stomach one may abstain from food for 24 or 48 hours with no ill effect; medicine in such cases is rarely needed or may be given hypodermatically. But if it be a case of fever with the system rapidly weakening from lack of nourishment and disease, then it becomes a case of endurance and the disease will be victor unless we can in some way administer food. In cases where there is much delirium it is very difficult to give food by the mouth, also when the patient is very weak it is not as exhausting to give an injection of milk or broth as it is to raise the patient to a sitting posture. Milk, milk and egg well beaten, the animal broths, if brought to temperature of the body and gently but firmly injected with a long nozzled syringe, are usually retained and absorbed. Whisky or brandy diluted, one part to three, will, in most cases, be retained. I prefer giving milk and whisky separately as the whisky has a tendency to cook or curdle the milk. I never give over four ounces at a time, nor more often than every four hours, unless it is rejected; then I repeat in half an hour. An injection, retained over one and a half hours and expelled, is not repeated until the next injection is due.

Before giving an injection I have the bowel washed out with water rather warm, giving eight to twelve ounces. This gets the bowel in good condition in two ways, it cleans and renders it in best possible condition to absorb, and after the large, the small injection is more apt to be retained.

If the large injection brings away fecal matter repeat it and allow the patient to rest for a time before injecting food, if the case will admit delay. Milk slightly salted (and diluted if necessary) is generally more easily digested. I I find feverish patients are as grateful for salty viands as they are for acids; the system craves them. By holding a folded towel to the anus the tenesmus will in most cases be overcome. The firmer the pressure the more relief.

In a case of remittent fever where the stomach refused to retain either food or medicines I used quinine, twenty grains to the dose, twice a day with injection of milk, eggs and animal broth. This was continued for five days, and nothing given by the mouth except cracked ice; the man recovered. The quinine in this case was given in an acid solution, and, with one exception, all injections were retained. A case of cerebral meningitis had bromide of potassium in ten grain doses twice daily with nourishment. In this case I used laudanum with the injections. He had nothing but water by mouth and usually that strangled him for four days. After that he would take and retain food although the digestion was very incomplete. He recovered after a long time. In many cases rectal feeding may supplement mouth feeding, and medicine may frequently be administered in both ways. Of course one must choose his cases. The rectum will fail after a time. But it is well to bear in mind that, in meningitis, if you can rest the stomach and small intestine, if only for a short while, it is that much gained in the battle. Do not use too large an injection or repeat it too frequently. Give the first injection yourself and teach the attendant how. If your patient is in such a condition that he can understand, tell him to resist as much as possible the desire to defecate. Have the syringe well cleaned with boiling water after each injection. Have patience and be gentle with children.

E. L. STRODE, M.D.

Swan Pond, W. Va.

Editor MEDICAL WORLD:—"The Physician as a Business Man" is a library in itself. No doctor can afford to be without it, even though it should cost ten times the price asked. Cash dollars represent its value to me to-day. LOUIS F. HIGH, M.D., Woodburn, N. C. Price $1.00. See Order Blank, page XXIV.

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Therapeutic Values of Food.

Editor MEDICAL WORLD:—Since the present journalistic Symposium on food-values is based on individual professional deductions, I may be allowed to premise that I hold some very personal views on the therapeutic, restorative and defensive virtues of food in every form of disease or disordered functions.

For twenty-five years in a somewhat extensive practice I have habitually rejected the namby-pamby babble about food restrictions—cautious regimen—echoed by certain books, teachers, contributors and docile imitators for essential observation and safety.

For twenty-five years I have accorded to my numerous patients generally, of whatever age and with whatever disease or physiological situation they were confronted, the most generous scope of reasonable diet within the usages of their habits and circumstances,—correctly anticipating that the comforting support of liberal, attractive, varied natural nutriment would substantially promote prompt restoration of the functions to healthy condition, thereby enabling the patient to outflank vital depression and dissolution.

And for twenty-five years, spite of all semi-starvation or diet-restriction theories of *savants* to the contrary, it has been my solace to know that my patients made unusally prompt recoveries, and that I did not lose by death an average of more than about one case a year—all ages included.

Results are stronger than doctrinal assumptions, and should be conclusive when on the normal and successful side of demonstration. As a basic principle, if we can help cases soon, timely rebuild and balance up disordered energies substantially, then life is relatively secure; and the question of this sort or that article of food dwindles to petty dietary cant, while the problem of longevity takes liesurely care of itself.

I grant that longevity pivots primarily on the golden birthright of an elastic, non-corrosive, sanitary physical constitution—a constitution of tenacious stock and well-balanced functions. But with starters below this favored standard, whatever substantially promotes the development of this sanitary constitution, logically promotes longevity. With a par vital capital, the next condition of longevity is continuity of preservation of vital energy. This involves ample equivalents of nutrition and de nutrition, and elimination of worn-out material maintain contenuous renewal and tone of the organism.

On broad principles, what the body needs, in sickness and health, is *food*—food to its wants and to every variety of its wants—reconstructive, relishable, restorative, defensive *nutrition*: and that, also, whenever its refreshment can prove helpful, be enjoyed, be physiologically appropriated—let the hour and situation be what they may. Any set formula or peculiarity of diet, or of dietary regimen, or limited hours for eating and for refraining, though prudent for a few, must play a minor part in the rhythm of ultimate demands of physical nutrition.

I cannot complacently recognize two classes of food—one for the well and one for the sick. "Sick diet," in my practice, is ignored as of very limited value, as I believe that its adoption in cases of disease delays the cure and convalescence. And this repugnant anti-physiological fad of putting adult patients, who have teeth and salivary glands to help prepare and qualify food for adult constitutions and needs, on an "all milk diet" in any disease whatever is a childish reversal of the natural advantages with which the case may be profited through the enhanced refreshment which ample variety affords. I have never seen or known of an adult case of nervous disorder or any other complaint reduced to an "all milk diet" but was made *twice sick*, and if recovered had first to recover from the "milk sickness" before there was a chance to rally from the original disease through the help of other nourishment.

In dealing with sickness. to dilly-dally away precious time by restricting the patient to a repulsive or inadequate diet is treachery deserving legal punishment. Any set limit of diet which turns man and woman back towards their infantile disabilities is reprehensible; and in cases where milk has been unwholesome or inadequate to the proposed purpose, it only diluted with starveling insipidity the only substantial chance for the case to rally its decrepid forces in time to be rescued.

If, when well and in strength, we need good sapid foods to maintain health and energy, just so truly do the debilitated and ill need such foods to restore health and energy. If variety of good food promotes health, then variety of good food promotes recovery from disease and prolongs life. Any stomach and digestion that falters in the function of chymifying fluid or mushy diet ordinarily, should never be depended on to do better by such washy non-masticated material when debilitated and sick. Any stomach and digestion that most successfully manages a relatively solid or juicy diet when well, naturally succeeds best with utilizing such diet when ill. Quantity does not count in this problem—since the quantity taken at one time is usually so small that frequency is often the more necessary. In all states of sickness and health, the cardinal condition is that the food in itself be

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naturally wholesome in quality. This warranted, then the wonderful varieties at command will safely supply the invaluable adaptations to physical idiosyncracies of tastes and needs of individuals. In itself, healthy food is wholesome to the system needing nourishment: and what human system living does not need nourishment for every fibre and cell of its organization every minute of life? How is disease to be cured except through the media of nutrition? Of what value is medicine—mere non-vitalized drugs or chemicals—unless floated through the disordered tissues and organs on an abundant tide of vitalizing nutritives for the necessary reconstruction?

Wholesome foods, in decent quantities, never, in themselves, cause a case of sickness nor occasion a tithe of the opprobrious "relapses" customarily attributed to the routine scapegoat—"indiscretion in diet!" To know how some doctors frighten themselves and their unhappy patients, it would seem they considered *food* the greatest foe to the human family, whereas it is, next to pure air, the greatest friend. What naturally and essentially promotes health does not naturally cause sickness, When sickness occurs, something else is at the bottom of the trouble; it is not the customary food if naturally wholesome: some physiological depression or derangement preceded, from causes other than the kindly diet. And ordinarily relapses mean that the case was not as substantially relieved as hoped, or that the medical attendant failed in his penetration and equipment, or that the improved ground temporarily gained by the patient was insufficiently sustained by need of liberal nourishment. How could a liberal supply of refreshing foods produce a fatal fever or inflammation, or precipitate a collapse, when it must be clear to fair reasoning that the wondrous varieties of natural fruits of the earth are adapted to mankind, are ordained for the use and benefit of the body and mind, and the body is ordained with exact functions and organs for the benevolent use of foods?

It is medical heresy, sheer pedantic cruelty, to professionally rule that only a few prescribed articles of diet should be "allowed" in a given case or set of cases, a given disease or its resemblances. It is travesty of wisdom to draw dividing swords between the propriety of flesh or fish, milk or mush, cheese or krout, fruit or eggs in themselves considered. What will serve as normal food for one or many, will prove to be like chaff or confection or physic for others.

In radical sense the natural taste or relish of the individual patient, from time to time, and stage to stage, is a valuable indicator of what will most refresh and benefit; though the article desired be sternly condemned by crusty dictum descended through books from ancient codes of diplomaed bleeders, pukers and starvers. The diet doctrinaires, whose philosophy induces parents and guardians to limit, and therefore scant, the variety of foods of growing children—*children*, I repeat, with yearning systems struggling with nature's tasks of growth and development, should be duly credited with the great product of unfortunate weaklings and decrepids which blanch and shadow the world. Our books call it disease—mal-nutrition, rickets, cachexy, nervousness, delicateness, but radically it is insufficient quantity and variety of stable nutrition, Of all creatures under the sun, *growing* children *need* most liberal allowance and variety of *food*, that there shall be *no starving* in any department of the constructing work-house of their bodies. I have often felt surprised at seeing how many delicate puny children adorn the families of physicians, ministers and teachers, where rules and limitations are supposedly run on sanitary codes—out of almanacs and nurse books! And beyond all let me here raise protest against the atrocity of half starving the *sick* children, or of allowing them to become half-starved when battling with the depressions of disease. Their little systems and delicate powers must be abundantly sustained with helpful foods, anything they can enjoy, whatever their months or years, or medicines will be a mockery. I believe in medicines: a skillful selection of kindly remedies timely and wisely administered as helps to nature and disabled functions: but I never undertake to pilot a case of disease to the certain comforts of restoration, that I do not at once begin to reinforce and flank my pharmaceuticals with the genial and reliable remedies of available nourishments and vitalizing fresh air. In my idea of kindly foods, I include all the ripe delicious fruits and melons, as invaluable aids to medicines in refreshing a jaded system and restoring nutritive functions. In mid-wifery, fevers, inflammatory disorders, pustular complaints, carbuncle and abscess, eruptions, debility, grippe, almost everything, I make fruits my medical helpers.

If my prostrated patient has an aversion for the general niceties of food, but will begin with a little sour kraut or buttermilk, I am glad to order it at once. I never hesitate to give 3 or 4 rare-fried juicy oysters, if stewed or raw are refused. Many a very sick patient, whose digestive functions have become nearly *nil*, will try a taste of corned beef, or rye bread and mustard, and thus start the secretions, who would vomit if urged to drink milk or take custard or gruel. My patient will perhaps decline toast, or egg, or rice, or gelatine; but will

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be induced to eat a raw cold ripe tomato, or a tender soda cracker with stewed fruit juice. Shaved dried beef will sometimes be relished when fresh meats, beef tea and "peptonoids" are repulsive. The question is not whether the food be duck or fish, rice or radishes, but whether it will furnish acceptable corpuscle for vital energy. But one condition I always insist on is *that all* the food be masticated to a smooth paste before it is swallowed.

A quarter or half hour is often well spent in thinking for the enfeebled case, mentioning articles and preparations to tempt the palate; for my rule of practice is to prevent starvation and exhaustion while disabled nature is in the toils and torture of disease. Besides, food, nutrition, is the great natural anodyne for pain and restlessness. A sense of a need of nourishment is insufferable, even when appetite has vanished and digestion seems suspended. But in this condition, to wait is to collapse. The case sinks in proportion as the nutrition runs out. Symptoms multiply and complicate themselves in proportion as vital equilibrium is lost! The patient famishes and goes under perhaps while the doctor is hammering at symptoms with useless pharmaceuticals. While excess of drugs may do so, rational nourishment never kills. More people have been kept in confirmed invalidism by too rigid self-denial of foods, than have ever been cured by it. In old age, especially, the strength and comfort and availabilities of the faculties are wonderfully enhanced by abundance and variety of foods. I have seen this demonstrated so remarkably as to make this testimony most positive. Octogenarians whom I know, and who are good feeders, enjoy as good health and clear intellection as they did at sixty.

Thus far I have dwelt mainly on the feeding side of the question. This is but a half view. It is just as essential to analyze the utilizing side of the food process in maintaining health and life, glowing, warming, purifying and renewing corpuscle, cell and fibre through and by vivifying oxygenation with good air in the lungs every minute day and night. Food must be oxygenated, or its purpose fails, its values ceases, nutrition becomes abnormal, health declines, disease dismantles the citadel of life. My success lies in curing disease *at home* Of whatever grade or duration the illness, at once when called I examine into the breathing-air conditions of the patient. Nearly always, if a new case, the house air is too close and usually poisoned with the stealthy fuel gases of the fires and lights in use—the house air robbed of its oxygen needed for breathing purposes. This error corrected, foods become true builders.

GEORGE B. H. SWAYZE, M.D.
1726 North 22d Street, Philadelphia.

Give Medicine While the Stomach is Empty.—Light Feeding in the Early Course of Fevers.

Editor MEDICAL WORLD:—I will offer you a few remarks on the diet question or rather the effects of food on treatment. Medicines to act quickly should be given on an empty stomach. I once saw a case where a physician had given a medium dose of atropine at night after supper, and not getting the physiological effect, he doubled the dose the next morning before breakfast. It is needless to say that the patient ate no breakfast that morning. In my student days while working in a drug store I saw a physician give a man two grains of morphine in half grain doses for cramp colic with no effect, but after an emetic which half filled a pail, a small dose was immediatety absorbed. I have seen several cases of delirium tremens where medicine had no effect until after the stomach was emptied of about half a gallon of diluted alcohol, when a little medicine had the desired effect.

To obtain quick absorption of medicines, give in hot water with stomach empty.

My diet treatment of the ordinary acute diseases, as pneumonitis, remittent fever, etc., is to give as little food as possible for the first few days, then gradually admit anything in reason the patient wants. For typhoid, milk from a *healthy cow* fed on *wholesome food* and living in hygienic conditions. Of course, every case must have a law unto itself to a certain degree.

I think we have need to look as much after the purity of our patient's drinking water as after food and medicines. I have had several severe experiences on that line. I remember one case of typhoid that was very unsatisfactory in its progress, and, although the water had no bad smell, I had the well cleaned out and found a dead fish, which we found the children had put in there alive several weeks before. On getting their water from another well, there was immediate improvement. Raw onions constitute a valuable addition to the diet in some conditions, as in colds, insomnia, etc. Honey is excellent in the colds of childhood.

In this country, if a dog eats salmon or trout he takes sick in about nine days and often dies; even if he only licks the blood, it has the same effect. Does any one know what is the pathology and treatment? C. H. NEWTH, M.D.

Vernonia, Oregon.

Every new subscriber who sends his subscription for 1894 now, will receive the numbers for the remainder of this year free. See Order Blank page XXIV.

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Notes From Practice.—Some Extreme Cases.

Editor MEDICAL WORLD:—There is no department of medical science of which I so readily confess my ignorance as that of scientific dietetics. These are subjects on which our medical writers and teachers are so dogmatic, and yet so far from giving any scientific reason for the faith that is in them.

Science stands aghast at the miracle of common-place gastronomy. The human race lives and seems to thrive on the abominations of unscientific refinement in the culinary art. In the dietetic treatment of the sick we generally defy both science and common sense and feed them on some empirical substitute for nature's own pabulum. This fad has gone to seed in the form of glandular essences.

In the early days of my medical experiene my very sick patients got small quantities of beef-tea and brandy. I do not think any of them ever starved to death, though, retrospectively, I am sure some of them came nearer dying of inanition than was at the time suspected. Later on I discarded beef-tea entirely and substituted milk, milk and brandy, and egg nog. Generally speaking the more feeble the patient's digestion the more alcoholic stimulants he got; and as a matter of course, the more alcoholic stimulants he got the weaker digestion became. I am now satisfied that these patients became more reduced from alcoholic inanition than from disease. I had been taught that the pepsin is the most important digestive agent; that without it digestion even in health cannot be properly accomplished. I had not been taught that very important chemical fact that alcohol whether in or out of the stomach precipitates and destroys the digestive power of pepsin and therefore, weakens and retards digestion. When I fortunately learned of that important fact, alcohol in every form was discarded in the treatment of all diseases in wnich the functions of digestion and assimilation are of paramount importance. I now have the satisfaction of seeing this class of patients do better than when they received alcoholic depression and dogmatic stimulation. I have no iron-clad rules to govern either the administration of medicine or food. Each case is governed by its own peculiar conditions. Experience seems to justify the tendency of my practice toward a more liberal and varied diet in most diseases.

I have seen dyspeptics unable to walk restored to health by an exclusive diet of milk and lime water.

I have seen young infants do well on oatmeal cream or oatmeal cream and milk, who could not take milk alone.

Last winter the writer treated twenty cases of scarlatina anginosa. Half the patients received an exclusive milk diet, while the others were practically unrestricted. There were two cases of post-scarlatinal nephritis; one in each class of patients and both attributed to undue exposure during the first week of convalscence.

When about 14 years of age, the writer was prostrated for several weeks with a low fever that seemed to baffle the skill of good physicians who finally confessed that medicine was doing me no good. I shall never forget how, about that time, I began to long and cry for a drink of water from a limestone spring about a mile from our home. At first that terrible craving was treated as a sick boy's notion, but it would not down. Finally some of the water was procured and from the first day of its use convalescence was assured.

In 1865 a friend of mine came home from the army suffering with chronic diarrhea; medical treatment gave little, if any, relief, and by the next spring he was reduced to a walking skeleton, hoping for death to bring relief. When the weeds began to grow there came an intense craving for greens; these he must have; they were strictly forbidden, and no member of the family could be induced to gather them. Finally the sick man actually crawled about on his hands and knees and gathered a few handfuls of such edible herbs as he could find, cooked and ate them. The death that was expected did not come. Next day the patient was better. The diet was continued and health restored.

As much might be said of a similar case in which green corn boiled on the cob, country fashion, was the curative agent.

Some twelve years ago, I was called to see a patient in immediate danger of collapse from cholera morbus. At my third visit, after expressing some surprise that my patient was doing so well, I was informed that some three hours previous he had eaten a moderate sized cucumber sliced in vinegar with salt and pepper. He said, "he never wanted anything so badly in his life, and did not believe anything one had such a craving for would do any harm." The patient continued to eat cucumbers and rapidly convalesced.

These extreme cases are mentioned only to show "what fools we doctors be" when, in the sick-room, we rigidly substitute the dictations of fallible science for Nature's unerring finger-boards along the road to health. There is a volume on the science of life the finite mind can never read until it has attained the perfections of the infinite. The capabilities of the human stomach are past finding out.

J. W. LOCKHART, M.D.

St. John, Wash.

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Dieting in the Various Diseases Characterized by High Temperature.

Editor MEDICAL WORLD:—"Don't starve a fever." Nourish your patients. Administer milk, beef tea, chicken and mutton broth and other light nutritious foods in small quantities, but at frequent intervals—say from two to three hours. I am satisfied that milk is the best and most nourishing article of food that can be used. It is most palatable when thickened with arrow-root or diluted with barley water. Food should be of the blandest and most digestible nature. Thin oatmeal gruel is often useful.

As to the proper amount of food required in twenty-four hours, I use from two to three pints of milk and one pint of beef tea. Sometimes I give an extra amount of nourishment at noon. Food should be given every two hours during the day and every three hours during the night. I would especially advise feeding in the early morning hours, say at one and three a.m, Patients are very weak and exhausted at this time of the night, and as they are convalescing you may give eggs, milk toast, chicken soup, stewed oysters and a liberal supply of liquids, but do not drench your patients.

If milk and food are vomited or passed in stool undigested, give small amounts of diluted muriatic acid with some pepsin, after eating, to assist digestion. Egg-nogg is a useful aliment with whisky, but must be given at regular intervals.

I do not advise giving the various preparations of beef essence that are put on the market, as they are very hard to digest and may be seen in the stools unchanged from the state in which they were given. I think feeding should be kept up during the fever stage to guard against exhaustion. There is great danger in erroneous diet and everything to be gained by correct diet.

Toccoa, Ga. JAMES N. WEST, M.D.

Weaning Babies.

Editor MEDICAL WORLD:—I have for many years fully believed that in relation to its bearing on children and invalids the food question was too much ignored by physicians generally, and that in many diseased conditions both of children and adults, such conditions could not as readily be removed without especial observance of this branch of hygiene. I have often placed more dependence on correcting diet and other habits in the treatment of chronic diseases than on administering medicines. This is, in a majority of cases, absolutely necessary in the treatment of chronic diseased conditions, if a permanent cure is to be brought about. So to speak, a right about face in relation to diet and other habits bearing on health is often an imperative necessity in the successful treatment of such diseases. If possible, this is still more necessary in the treatment of nearly all forms of acute diseases, viz. a well regulated system of nourishment, strictly adhered to.

If we as physicians would make the best use of every means within our reach to relieve suffering, let us study more carefully this food problem in all its bearings on diseased conditions.

In relation to "the best age to wean a child from the breast," I believe 18 to 22 months to be early enough if the mother's health is good, according to circumstances favoring or disfavoring such an event. July, August and September appear, for an obvious reason, to embrace the most unfavorable season of the year for a radical change in the baby's food. Of course many instances occur where the mother's health almost imperatively demands the weaning of her child much earlier than even this marginal period. I have had excellent results, when necessary to feed very young children artificially, from the use of a gruel made from fresh ground Graham flour. It should be boiled and vigorously stirred for thirty minutes and then strained through muslin. It should be, when fed, of the consistency of thin cream, and one quarter to half as much as the child will take at one time added with fresh cow's milk, according to the age of the child. A little loaf sugar may be added to make it palatable for the child, if necessary. I have found this a very useful preparation of infant's food, in all cases where early weaning was necessary or where it was impossible for the mother to nurse her babe. It may be used safely at all times for young children, whether sick or well, and is an excellent substitute for the costly artificial foods on the market.

White Cloud, Mich. W. C. DERBY, M.D.

The Little Visitors at a Fashionable Ocean Resort.

Editor MEDICAL WORLD:—Hoping that my mite may do someone good, I will attempt to give you what I have lately been gleaning from my every day practice here at "The Beach." The season has been a very changeable one, and in my opinion, fortunately, short. Among our visitors from various points of the interior are many who came down from Canada and from the more central portions of the "States," bringing with them their families of small children. During the more or less tedious and protracted journey they feed them at every station whenever occasion permits, on the various fruits, nuts, candies and, worst of all, contaminated milk, or, in other words, milk that has probably been drawn at night and allowed to stand in cans over night (that perhaps have not been

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sterilized by scalding) then mixed and churned up together with that of the following morning, carted for miles in the heat and again exposed to the atmospheric influences for an indefinite length of time before reaching the stomach of these already weakened babes and children. When it does reach them from the hand of a fond but perhaps inexperienced mother or nurse, the little stomach (which doubtless is already well prepared to furnish fertile soil) is at once *over loaded.* Then, of course its power of retention and digestion is overcome by the burden and as a result, we see the little patient vomiting, with signs of abdominal pain, and a rise of temperature. After the hard curds have all been expelled, and even before, the characteristic diarrhea is promptly established, and then the doctor is sent for in great haste, for the child is "awfully sick," and here is what he does.

First, as a rule, I refuse the child all food until the vomiting has ceased and the bowels have been well emptied. Then I order boiled milk with the casein removed, diluted with *one fourth* limewater freshly prepared with distilled water, in tablespoonful doses, or less if that dose is not retained, and repeated as often as the stomach seems to tolerate it well. No other food is given until symptoms have all subsided, then gradually allow a return to the usual diet, forbiding all fruits offered for sale at the street corners, which are subjected to the hot air and dust, which are truly terrible here at times. The medication of these cases is not called for, but permit me to say that I believe these acute diarrheas, and cholera infantum as well, are toxemic in nature, and I try to "aim my gun" at the germs and their ptomaines in the alimentary canal, and have done so with very good success so far, having lost but one case during the season as yet. J. A. RANDALL, M.D.

Old Orchard Beach, Maine.

The Early Feeding and Care of Infants Relating to Future Happiness and Health.

Editor MEDICAL WORLD:—The subject which you have selected for your October number is one of vital importance, not only to the individual, but extending its influences to affect the happiness or sorrow of others.

For instance, how much is the welfare of the child desired by its parents as well as friends? Any harm coming to it is keenly felt by them. This brings me to my subject: what shall the child be fed to best accomplish the desired result?

The food furnished the child in early life is of such vast importance that a very little deviation is likely to make as wide a difference in after life as the peculiar food furnished by the honey bee to the brood has by developing the queen, or working bees or drones.

The early feeding makes the child either strong and hearty, or dyspeptic and weakly, in very many individual cases. For instance, the child in its earliest childhood may be, and often is deprived of what nature intended as food, the milk of the mother. We find young babies fed upon crackers soaked in tea, or bread softened with water. Perhaps the nurse is afraid to give milk or any food approaching a milk diet, for the simple reason that it does not agree with *her.* I believe this manner of food entirely unreasonable and productive of dire results, leading to many of the ills of childhood, the forerunner of digestive ailments, lasting to old age if, perchance, the babe should be strong enough to stand the terrible strain upon the digestive organs.

To illustrate: years ago I was called to attend in labor a lady who had previously had the misfortune to lose five children by reason of digestive troubles. Why the parents should be so unfortunate was quite freely questioned by the friends and neighbors. Two of their children that stood the ordeal were anemic, thin and dyspeptic; they died in early chiidhood, perhaps at the age of 8 and 10 years.

At this labor, while waiting for the placenta to pass, imagine if you can, my surprise at seeing the fond, loving old grandmother feeding the little hearty child crackers soaked in catnip tea, before it had cried for food or been allowed to try its mother's breast. I was very much "taken back," to say the least. Although they were carefully instructed, the feeding of this child was constantly inconsistent. This child, like the others, soon had diarrhea, food passed undigested, and it too, soon followed the others of this little family to the great unknown.

My expression, professionally, was very decided to these parents, especially to the father. I told him that the fault, I had reason to believe, was entirely in the diet, that his mother was not a suitable nurse for children. After this serious lesson he did give heed to this one important thing. By his good fortune he now has some beautiful, healthy children. In order to avoid similar calamity, I always instruct the nurse or mother very carefully at the bedside, after the birth of each child. As a result, with rare exceptions, the children are healthy, with a good strong digestion.

My instructions are, as soon as the mother has rested, the soiled bedding and clothing removed, put the child to the breast. Perhaps it will not get much milk, but it starts the salivary glands to action; this act prepares the stomach for the food which will soon follow and also

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elongates the nipple, thereby preparing the breast for the great duty which nature designed it for. The babe may complain after some hours at the scanty supply; this does not harm it in the least; usually the second or third day the flow of milk is abundant; then it is good to see the child drink and sleep with a look of perfect contentment on its features.

Often for some cause, there is no mother's milk. Then artificial feeding must be resorted to Then it becomes the physician's duty to carefully instruct. Always have in mind what an infant probably can digest, and how much. The food which years of study has proven to be my best substitute is *cream and water.* Place freshly drawn milk in a cooler, let the cream rise, skim off sufficient, then add as much water as cream—water that has been previously boiled then cooled is preferable. As soon as mixed it is ready for use. Of this give the child what it can take care of well, no more. I find that food prepared this way without sugar or any other aliment meets the requirements for infants much better than milk containing all its casein. It digests more easily, requires less quantity does not so often sour in the stomach. As a result, the child has no dyspepsia, is not costive, neither has it diarrhea. The baby gets fat, can laugh and play with pleasure to itself as well as making it pleasant for others, is happy all the day, either on the floor, in the cradle or upon the lap of the nurse. This contributes to make a happy home, as well as to lay the foundation well for a long healthy life

Of necessity these simple ideas are but a leader to grand thoughts in which too much cannot be well said on the subject of early feeding of infants. It is, as it were, preparing for a strong healthy individual, or, on the other hand for one whose ills begin at the cradle and never cease until the cold hand of death claims the frail body. Such a life is to be pitied, A doctor who practices medicine and does not think much and often of this important subject is not doing his duty to those who confidingly rely upon his instructions.

JOSEPH SPALDING, M.D.

Woodstock, Conn.

Constipation.

Editor MEDICAL WORLD :—Observation has induced me to regard abstinence from liquids (especially water) as a most potent factor in the causation of constipation. Particularly is this so during the summer months, when the activity of the skin diverts so much liquid from the deeper-seated organs.

I have for a long time prescribed, along with drug treatment, the free use of warer—upon rising and retiring a glass of *hot* or cold water to be *sipped*, also to be plentifully drank midway between meals.

It has also appeared to me that tea which has been infused for more than three minutes (especially that usually obtained *on draught* at restaurants which is made in one batch and infused indefinitely) is most prejudicial to those suffering from constipation.

ARTHUR E. GRESHAM, M.D.

Sierra Madre, Cal.

The Question of Food in Cholera; Factors Contributing to Infection.

Editor MEDICAL WORLD:—The human mind is taxed at present to devise some antagonizing agent by which the ravages of cholera in the human organism can be either prevented or reduced in severity. Some of the methods are worthy of more than passing attention, and open up to our mind a field of research which all hope will be rich in successes. Other investigators seem to start the requisite amount of energy at work in the brain, and trust to luck for the results of their efforts, and among this class is Prof. Pasteur's assistant, Dr. Haffkine, of inoculation fame. Inoculation, if we believe all we are told, will in the future cure all ills and be the only means by which man can regain health, power and youthful vigor. Unfortunately in the case of cholera, (which all agree is not a blood disease), inoculation can hardly reach the spot. Neither does Dr. Lee's soapsuds get nearer the seat of disease than the caput coli. To sum up what we know of the pathology of the disease, we would say that a certain bacillus when taken in through the mouth and lodged in the intestines finds a favorable place for its growth. To continue to exist and multiply requires the abstraction of certain vital elements, often to the extent and with a rapidity incompatible with the life of the human organism. The life history of the bacilli is influenced by the degree of perfection of the habitat to its uses, or the contrary, namely, to the condition of the intestines which we find in bodily health, resisting the growth of pathogenic germs, and possibly that peculiar to cholera. This resisting power of the intestine and, secondarily, that of the entire organism, would seem to be a line of investigation on which much could be done.

It is our purpose, in this brief consideration of cholera, to show some of the agents which reduce the above named resisting powers of the system.

Too high tribute cannot be paid the members of our profession in Russia for their untiring zeal in the study of this disease, and to them we are obliged to go for much of our knowledge.

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The experience of these and other competent observers in different parts of the world tells us that cholera attacks enfeebled dirty and poorly fed individuals with hardly an exception.

So far the physicians have advised patients to keep clean and drink pure water—which advice is good; that they should eat cooked food only, and should be sure that this does not become infected. Here, unfortunately, the advice ends. One might as well give the same advice in rheumatism and, curiously enough, one of the admitted authorities once said in a lecture to undergraduates that "more people die every year from the effects of rheumatism than of Asiatic cholera." Not that the two are analogous, but that many important points in regard to the cause and history of disease are lost sight of in the struggle for brilliant achievements. In the case of rheumatism, until the condition of uricemia and "lacticemia" and its rational treatment are better recognized, the same degree of mortality will continue.

The question, then, of whom the cholera attacks, is patent and interesting. When the liver and intestines are in a normal condition we have, by virtue of the germ, ptomaine and leucomaine destroying powers of the former and the inherent resisting powers to the growth of pathogenic bacteria of the latter, a minimum liability to those diseases depending on the growth of certain germs in or the absorption of their excretions from this locality. A derangement, therefore, of these organs offers all the chances for the invasion and continuance of a disease process.

Every clinician will attest that the most common affections of these organs, which exist and are present to some extent in nearly all individuals, are torpidity of the liver and acute or chronic intestinal derangement. This makes, in certain classes of individuals, a liability to disease dependent on the cause which produced the derangement.

A study of the habits of the patient will give us, as the most common cause for these affections, the ingestion of improper food, either or both as to quantity or quality. It is the great evil of our age and race that we eat too much and, while the body takes care of the largest amount possible, that quantity over and above that which is actually needed as constructive and energy producing material will exist as a deleterious agent. The result following such a diet is first, intestinal derangement, because Nature endowed the intestines with the power to accomplish a certain amount of work which would insure perfect nutrition to the body. This abnormal condition leads to the absorption of incompletely digested food elements and products of intestinal putrefaction and fermentation which gain access go the entero-hepatic circulation and pass to the liver. At this stage infection from the intestines is most likely, and, if the condition is allowed to progress, the nutrition of the whole system and, concomitantly, its resisting powers to either local or general disturbance, is lowered to such a degree that diseases of all kinds are even courted or, at least, the power of effectual objection to their entrance and continuance is very low. As Nature never intended the human organism to accomplish more work than normal on a less amount of nutrition. The condition of the general system above referred to is very common at the present time, when large quantities of food are ingested.

When the quality is poor the same condition of decreased nutrition soon exists, so that the intaking of elements destined to maintain the vital structure which are improper, either in quantity or quality, is the chief etiological factor in intestinal and hepatic derangement. Among this class of bad feeders we find cholera making its greatest havoc. In truth, from a large number of post mortem examinations made on cholera victims in St. Petersburg and Paris, very few were found which did not give prominent signs that intestinal indigestion, more often chronic, had existed. The fact that nearly all the cases were of the chronic variety removes any possibility of its having had anything to do with the disease other than that which has been mentioned, namely, that this condition decreases the vitality and consequently the power against infection.

We find a very large percentage of deaths from cholera among the working-class. One might ask why this should be when it is generally understood that they are not sedentary in their habits and live mostly out of doors, eat simple food, and take sufficient exercise to keep the body well developed?

Here again an explanation is found in the form of nutrition. It is well known to the more modern school of physiologists and physiological chemists that the usual food of the working-class is not that which is best suited to them or which will increase bodily vitality. True much energy can be evolved and consequently much work accomplished, but so long as the vegetables are so largely ingested, the requisite amount of constructive material to repair the waste as the result of the chemico-physiologic activity, will be lacking and vitality constantly sapped.

The vegetables cannot supply sufficient nutrition without also burdening the system with enormous quantities of the carbohydrates. To accomplish the oxidation of this large amount of a CHO food there is required more oxygen

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than the system can spare and have enough left to completely change the proteids into their final products. The reason for this is that the supply of oxygen is limited and its affinity for the carbohydrates and fats is satisfied before those elements of a proteid nature. Such an action would give us but a partial metamorphosis of the proteid into urea, and we would have the katabolic bodies,—uric acid, creatinine, oxalic acid, hippuric acid, glucose and a host of others present.* A mere mention of those products of suboxidation of the proteid will suffice to show their poisonous nature and their effects on the protoplasmic vitality are directly as they are removed from the point of complete transformation.

To consider the vegetables in another light we find that they contain much that is hard and indigestible in nature, which, combined with the liability to fermentation of other ingredients, certainly gives a condition of irritation severe enough to cause expulsion of the contents before digestion is complete.

Can one wonder, therefore, why an infectious disease finds the vegetable eater an easy victim.

The second largest number who succumb to this disease are those who habitually indulge in intoxicating liquors and whose stomachs are in the condition of chronic catarrh. Alcohol, the active agent of most of these beverages, is classed among the CHO bodies and, as all members of this great service, so far as the affinity for oxygen is concerned, have the same in common, namely, that they use more oxygen in their conversion into katabelius than the system, to effect perfect transmutations of all its ingested food, can spare. Its local effect on the organs in which it comes in contact is too well known to need repetition. Suffice to say that it or some one of its many passible isomers profoundly disturb the vital activity of the protoplasmic elements of the different tissues by a process of slow starvation.

It is possible for the system to take care of a certain amount of alcohol per day, which quantity is known as the physiological limit. More than this induces a high tension of the ultimate arterioles and prevents the free interchange between the blood and lymph spaces of the tissues, for whose repair the nutritive pabulum is destined. In a word, therefore, we have in habitual drinkers a condition of devitalization always present, hence liability to infection and weak antagonism to disease.

The third class of individuals who are more prone to the infection of cholera, are those who eat food which is in poor condition. The exposure of the vegetables and fruits outside of the shops and on the street corners, where they are ever covered with dust and dirt, is an excellent way to court their contamination by filth of different kinds. There should certainly exist and be enforced a municipal law prohibiting the exposure of vegetables and fruits of all kinds,—especially those eaten uncooked—to the heat, dust, etc., during the summer months. It is a very difficult thing to procure fruit that is neither under nor over ripe, and its ingestion in either condition is most conducive to intestinal disorders of a diarrheal nature, and, so long as it is a physical impossibility to extract the requisite nutritive elements from such a diet, it should be indulged in with caution.

These three factors are the most common influencing agents which induce the mal-nourished condition which exists before the infection of all cases of cholera, and makes the consideration of the proper food for the individual when cholera threatens, important. For the laity certain things only are necessary to know. They should decrease the quantity of the food ingested in certain lines, namely, to cut out all food stuffs belonging to the vegetable class, but such small quantities as are used as a relish. The best diet, especially for the summer months, is that composed largely of meats, eggs, fish, soups, milk maccaroni and cheese. All food and water should be heated sufficiently to kill any germ life which may exist, and then be protected from reinfection. The liver and intestines must be in the best condition, and it may be well to mention that this is not possible while constipation exists. Fruits should not be eaten in an uncooked condition, alcoholic beverages and cold drinks of all kinds should be avoided. Sufficient exercise to prodnce free perspiration should be indulged in at least once every day, followed by a bath.

When the general public become educated to the importance of the above facts and adopt them in their daily life, the number of cases of cholera and the percentage of mortality will decrease. Is it too positive to state that the only protection against cholera is the perfect performance of the functions of the intestines and liver.

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*"The feeding of Youth," Table I. and II. Merck's Bulletin, Feb. 1892. and "The Pathology and Rational Treatment of the Uric Ac. Condition." Table III. Merck's Bulletin, May 1892.

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A Talk on the Care and Health of Infants.

Editor MEDICAL WORLD:— As the hot weather approaches, the mother watches with sore dread the changes in appearance of her babe. The rosy cheeks, the bright eye, the complacent smile bespeak health and vigor in the little one, but without warning of the approach the infant begins to vomit, and vomiting is followed by watery discharges from the bowels. The body is bathed in cold perspiration and the rosy hue has given place to death-like pallor, while the eyes stare into vacancy; the child has cholera infantum.

I am now going to give a few good general rules for mothers and nurses to adopt.

RULE 1—Bathe the child from one to three times a week, according to hot weather. The health of a child depends much upon its cleanlinesss.

RULE 2—Avoid all tight-fitting clothes—wear cotton gauze underwear during hot weather, and rest of clothing loose, that the child may have free play for its limbs. Change under garments two to three times a week, or at each time of bathing. Use clean diapers and change them often; never dry a soiled one in the room in which the child is: never use one for the second time without first washing it.

RULE 3—The child should sleep by itself in a cot or a cradle—it should go to bed at regular hours and be taught to go to sleep without being nursed in the arms. Never give it any spirits, cordials, soothing syrups, or sleeping drops. Thousands of children die every year from the use of these poisons. If the child frets and does not sleep, it is either hungry or sick; if sick, it needs a physician. Never quiet it by candy or cake—they are the common cause of diarrhea and of other troubles.

RULE 4—Give the child plenty of fresh air in the cool of the morning and early evening; have it out doors for a little while: take it to the shady side of broad streets, to the public square or parks. Whenever it seems to suffer from heat let it drink freely of water which has been boiled and cooled by ice. Keep it out of the room in which cooking and washing is being done. It is the excessive heat that destroys the lives of our young infants.

RULE 5—Keep your house sweet, clean and cool and well aired. Do your cooking in some out room so that the house does not become heated from stove. Keep cellar clean of all rubbish and well whitewashed; make every effort yourself and urge your neighbors to keep streets and alleys clear of filth.

RULE 6—Breast milk is the only proper food for infants if the supply is ample and the child thrives on it. No other kind of food should be given while the hot weather lasts. If the mother has not enough she must not wean the child but give it beside the breast, goat's or cow's milk, as prepared under Rule 8. Nurse the child every two or three hours during the day, and as seldom as possible during the night; always remove the child from the breast as soon as it falls to sleep. Avoid giving the breast when you are over-fatigued or over-heated.

RULE 7—If unfortunately the child must be brought up by hand it should be fed on a milk diet alone; that is, warm milk out of a nursing bottle during first five or six months, then from a tin cup or saucer let child drink, or feed with spoon; by so doing avoid the danger of the nursing bottle. Goat's milk is the best, next to it is cow's milk. If the child thrives on this diet no other kind of food whatever should be given while the hot weather lasts. At all seasons of the year, but especially in summer, there is no safe substitute for milk. If the infant has not cut its front teeth, do not use sago, arrow root, potatoes, corn, flour, crackers, bread, etc. Every patent food and every article of that kind cannot and must not be depended on as food for very young infants. Whatever mode of feeding is pursued, when the baby is taken sick, the poor victim is the target for suggestions from uncles, aunts and cousins and, in fact, from the entire neighborhood; and by a daily trial of different kinds of food—from barley water to the latest food, sterilized milk—with free access to the table of stale fruits and vegetables, berries with irritating and indigestible seeds, the wonder is that any babies do survive.

RULE 8—Each bottle of milk should be sweetened by a teaspoonful of crushed sugar or sugar of milk. If the milk is known to be undiluted you may use one-fourth of hot water. When the heat of the weather is excessive, the milk may be given quite cool. Have the milk brought early in the morning. Before using the pan in which the milk is boiled, scald it with boiling water. Always skim the milk when you boil it, and at once put away the vessel holding it in the coolest place in the house; upon ice—if you can afford it—or down in a well. Milk carelessly allowed to stand in a warm room soon spoils and becomes unfit for food.

RULE 9—If the milk should disagree, a tablespoonful of lime water may be added to each bottleful.

RULE 10—The nursing bottle must be kept perfectly clean, otherwise the milk will turn sour and the child will be made sick. After each meal the bottle should be emptied, rinsed out, taken apart and the nipple and bottle

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placed in clean water to which a little soda has been added. The best kind of nursing bottle is the plain bottle with a rubber nipple and no tube. Don't use any other kind of a nursing bottle.

RULE 11—Do not wean the child just before or during the hot weather, nor, as a rule, until after its second summer. If nursing disagrees with the mother, she must not wean the child, but feed it in part as directed under Rules 7 and 8, on such food as has been directed. However small the supply of breast milk, provided it agrees with the child, the mother should carefully keep it up against sickness. It alone will often save the life of a child when everything else fails. The general idea taught, that the various bowel troubles of infants during the heated portion of each year are due to their teething, is false. Mothers, don't be deceived, for remember that during the cooler portion of the year your child has no bowel trouble. G. W. MILLIGAN, M. D.

Edinburg, Ill.

[The Doctor has these plain instructions printed in neat pamphlet form, for the purpose, we presume, of the gratuitous instruction of the mothers in his clientele. This custom is to be recommended, and the rules themselves are good. However, the last sentence of Rule 11, is not in accord with our experience—though relatively true.—Ed.]

Replies.—Chewing Gum in Fevers.—Benefits of going Barefooted.—Weaning.—Artifical Feeding.—Kneeling Position in Labor.

Editor MEDICAL WORLD :—In looking over the pages of August number I see a point or two to which I would make reply.

I think I have read every number of THE WORLD since its first sample copy came into my office. I was among the first lot of subscribers. I have gathered the germs of many special lines of practice in THE WORLD and am willing to acknowledge the source.

Several months ago one of THE WORLD family remarked that if we would let our patient, with typhoid fever, chew gum or *dried beef* it would retain a moist tongue. Let me say that three months previous to that I had a very unfavorable case of typhoid. My patient chewed chewing gum all the time and his tongue was clean, and moist all the way through.

And now I want to stand beside Dr. Thornton, Lakeport, Cal. I want to help the underman. In other words, let our children go barefooted. Take a child, wrap up its feet the year round, and when it is grown it dare not stand on a wet pavement, or on damp ground fifteen minutes without catching cold, simply because it has tender feet, a delicate sole. Take a child from three years to ten, let it run barefoot during the summer months, and Nature will put a sole—the best protector under Heaven—there, four or five times as thick as on the other parts of the body; and when that child grows up it will be almost exempt. I have them right at my door, and as my fellows; Ihave seen them run on the ice in winter—"Barefooted boys at play." I cannot offer it as a preventative for croup; but I can offer it as antagonistic to the under taking business.

Next. What is the best time and considerations for weaning a child from the *breast*?

In ten year's active practice I have often been reminded, and forcibly too, that people will wean the baby regardless of age or conditions, to accommodate society demands, to satisfy somewhim of the mother, etc., but when a colt at the stable is to be weaned, they watch every development to see that the foal has a set of teeth and can eat properly, before they attempt to wean it.

Now I say when the child has teeth and can eat sufficient to nourish it, say at 12, 15, or 18 months, then wean it, and I pay no attention to the time of year.

Now for artificial feeding, I dare not say much. I was born right here among the huckleberry bushes on the Juniata hills, and practice among my people. "Land of home, there's no land so sweet." A land of pure water, and unadulterated food, a land that flows with rich, pure milk. We don't have cholera infantum. When a mother cannot feed her babe at the mamma, we simply give it cow's milk and watch it grow. I have under my care now a little yearling statesman, fat, ruby, healthy. When I saw him some two months ago, I could not have drank the milk myself, it was so tainted with garlic, but he thrived on it, and seemed to love it.

Again, as regards the kneeling position in labor. In slow labors, I let the woman remain on her knees until the head bulges the perineum. By that time the uterus is awakened to full activity—in other words, steam is up. Your patient can then lie down, you can take charge of the perineum, and terminate labor just as rapidly as in the kneeling position. I positively want a woman in a lying positure when delivered, but am willing to forego any rule for her comfort and safety. SAMUEL A. SULOFF, M.D.

Patterson, Juniata Co., Pa.

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Food Should be Adapted to Circumstances.

Editor MEDICAL WORLD:—"Repletion and inanition may both do harm in two contrary extremes."

In considering the question of "Diet" in health, or in disease, we are forced to comply with the time, place and condition of our patient. Those enjoying health are restricted to a diet pursuant to their position and occupation in this world. Those leading sedentary habits must necessarily be choice in their articles of food; they should attempt nothing difficult of digestion, they should restrict themselves to meats rich in juices, to small allowance of potatoes, to wheat products and fruits.

Those engaged in the ordinary pursuits of life are at liberty to satisfy their appetite; they can eat of all the blessed things of this earth, but in moderation. At all times and in all stations, a simple diet is the best. It is better to "be a temperate old man than a lascivious youth." The crowding of meats and many dishes into the strongest stomach will eventually destroy that organ. This everlasting sense of "pleasing the palate, and stuffing the gut," making "barrels of our bellies" is to be strongly condemned. Man, alone, can eat and drink without appetite.

The digestive and assimilative powers of the sick are impaired in proportion to the amount of waste which patients sustain from fever, constitutional disturbances, improper diet, etc. The sick absolutely require good ventilation in the sick chamber, quiet and nourishment to sustain their vital powers.

Food for the sick should be carefully selected and possess nourishing material in a most convenient bulk.

It must be borne in mind that all articles of food, for the most part, are converted into a liquid state by the gastric, intestinal and other juices, before entering into our economy. Hence it is imperative that we assist the digestion of our patients, by allowing them a bland and non irritating *liquid food*

Give sufficient water, lime water, rice water, carbonated or mineral waters, or decoctions, to maintain the normal proportion of fluids in the tissues. I never refuse a patient water when his thirst calls for it, It is virtually more important that your sick receive liberal quantities of water than actual nourishing food.

The diet *par excellence*, is *milk* "with every excellence refined." It possesses all the properties for nutrition, it will nourish the various organs and tissues of the human frame It is acceptable to almost every palate—is easily retained and digested by all stomachs, in some form or other. It may be given warm, cold, in conjunction with other liquids, or pre digested to suit the caprice of stomach or patient. Milk requires about three hours for its complete digestion, which offers an excellent guide in its administration. The milk should be prescribed at regulated intervals of from two and one half hours to three and one-half.

Other articles of diet, such as meat-broths, clam-broth, gruels, jellies, egg-nog, etc., are commendable adjuvants to milk, which are recommended or discarded at the physician's discretion. The patient's diet should solely and entirely be ordered and sanctioned by his medical attendant; if any suggestions are offered to the family by friends, the physician's advice should always be consulted. The patient will frequently crave for certain articles, perhaps entirely foreign to the physician's ideas. It may be a certain wine, fruit, vegetable or acid. I, as a rule, acquiesce and note if any disturbance results, etc. I firmly believe that the animal nature will at times crave for a something, which proves itself efficacious as a food and medicine.

Stimulants, such as wines, liquors and cordials are not prescribed, unless there is a sudden depression of the vital powers. As a rule, it is advisable to prohibit them. Sick patients frequently cultivate an appetite for stimulants, on account of their passing invigorating influences. They possess small nutritive properties and their after effects are well established in the minds and hearts of the medical profession. The best and most reliable stimulants, are *nitroglycerine and strychnine* given hypodermically.

In this paper the patients are supposed to be confined to their homes or beds. Walking sick patients are not included in this category.

If a liquid diet has continued for weeks, ere the patient is convalescing, be cautious in the return to a solid diet. A wise plan is to allow a slice of bread or toast with each meal for a week. In the second week, a potato with two slices of bread or toast with each meal, At the close of the second or beginning of the third week, a chop or small steak at dinner is very acceptable to the stomach. After a few meals with meat, return gradually to a liberal allowance of whatsoever the patient desires.

LIONEL C. CHARBONNEAU, M.D.

Brooklyn, N. Y.

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My Experience.—Diet in Various Diseases,

Editor MEDICAL WORLD:—For malarial fever of "early autumn," I find nothing better than salts of peruvian bark. Of course the secretions and excretions must be looked after, as in all other diseases. For the continued fevers you cannot distinctly call malarial, the best treatment is little or no treatment. In some instances I have thought nitric acid and opium mitigated and cut short the disease, but of this I am by no means positive. As a rule in both diseases, I let the patient eat what he likes.

In rheumatism, consumption, malarial affections, nervous diseases, cancer and heart diseases as a rule, I let the patient eat what he likes. Too much water or other fluid or too much food of any kind may do harm; of course in diseases of the stomach, bowels and kidneys it is frequently necessary to place some restrictions on the bill of fare. I am confident I saw a patient who was nearly well of flux die from eating fried apples. I do not remember seeing any one suffer from eating after having malarial fever. Epileptics may eat what they please. Usually they eat enough, more than many who are in good health.

As a rule I forbid fruit and vegetables in diarrhea and dysentery. I recommend both in chronic constipation.

In recommending the weaning of the baby I am governed more by the number of teeth it has than by the number of its years. It has seemed to me to go harder with the child when weaned in very warm weather. Fresh healthy cow's milk, soups, game, raw fat bacon, beef, cooked or raw, all agree with my patients. Just here let me add, I would not give these for all the proprietary foods in the market. If you can get your second summer baby to eat plenty of fat meat it will never suffer very much from diarrhea or cholera infantum. Raw meat is preferable. In the various diseases characterized by high fever there is very little if any danger of erroneous diet. I have a vivid remembrance of the time when they "starved fevers." They came near starving me to death. I sincerely trust that practice may never be revived.

Kendrick, Miss. C KENDRICK, M.D.

Weaning the Babe.

Editor MEDICAL WORLD:—The best time to wean the child from the breast is during the months of November, December, January or February, provided the child is one year old. If it is not a year old by February, I generally recommend that it be allowed to nurse until the following November, unless there is some special reason for weaning, either in regard to the mother's health or that of the child.

I very seldom use or recommend any of the proprietary foods in my practice, but I have seen a number of cases where children's lives have been saved by the discontinuance of patent foods recommended by other physicians, and the substitution of good, rich cow's milk, properly diluted and prepared.

With all due respect to our city physicians, I believe that many children have been sacrificed to the unwarranted predjudice against milk. H. F. BALLARD, M.D.

Chenoa, Ill.

Dietetic and Medicinal Treatment of Continued Fever.

Editor MEDICAL WORLD:—That mongrel type of fever characterized by continued elevation of temperature and having many of the symptoms of typhoid, formerly ran a course of three weeks in my practice. Now, however, when I see a patient during the first few days of his illness, I invariably succeed in aborting the attack. If the breath is offensive and tongue covered with white or yellowish fur, I begin treatment by giving the following:

R. Aloin.....gr. i
Calomel.....gr. iii
Pv. Ipecac.....gr. ¾
Podophyllin.....gr. ss
M. Ft. pill. No. xii
Sig: One pill every hour till the bowels are moved 2 or 3 times.

This I follow with twenty drop doses of aromatic sulphuric acid given largely diluted with sweetened water every two hours. If the hepatic functions are not properly performed I add 5 drops of tinct. nux vomica to each dose of the aromatic sulphuric acid.

By pursuing this method you will have your patient convalescent within a week.

In this, as in other febrile diseases, attention to diet is an essential part of the treatment. Most of the proprietary foods, extracts, etc., prove disappointing at the bedside. They either nauseate or fail to nourish. Eggs, no matter how given, will cause a rise of temperature. A beef-broth, prepared in the following way, supplemented with liberal doses of whisky when required, will always prove grateful and nourishing.

Cut two pounds of lean beef into small bits. Put in granite vessel and add enough cold water to cover the meat. To this add a teaspoonful of vinegar, set vessel on back of stove until water is warm; then gradually bring to front of stove and allow to boil for two hours, adding a little water from time to time to make up for evaporation. Half a cupful of this bouillon, given every two hours or oftener, is superior to any proprietary article in the market.

J. A. HAGEMANN, M.D.

43 Boggs Ave., Pittsburg, Pa.

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Editor MEDICAL WORLD:—In response to request, August number, page 294, "What is your favorite treatment for the continued fever which you cannot distinctly call malarial? Have you developed a treatment that is satisfactory to you? Does it shorten or mitigate the disease?" I submit the following:

Dr. Cullen's definition of continued fever is fever without intermission and without being produced by marsh miasma, but with remission and exacerbations, though not always considerable, containing two paroxysms each day. I believe the doctor's definition to be very nearly correct. The same varieties of symptoms which occur in intense local inflammation are those most generally observed in this fever. In this climate, Texas, we have frequently the same symptoms which present in intermittent fever. I have been particularly attentive to this circumstance and have noted the analogy to intermittent fever. These symptoms, it is true, are of short duration. They soon yield to those of excitement, and in a large majority of cases continue throughout the disease, and are frequently accompanied with great debility. The symptoms vary considerably in their general character. There is quickness of pulse, increased heat and diminution of secretions. Usually we have these symptoms in combination with thirst, great dryness of skin, scanty and high colored urine, with considerable costiveness.

At the beginning of the attack we have chilliness, amounting almost to rigors, with paleness and small pulse, but these generally last only a short time. It is attended with affection of the head, more or less confusion, at times great giddiness; there is always loss of appetite and a general sense of debility, whiteness and dryness of the tongue, great uneasiness of the limbs, change of posture, extreme irritability of the sense of sight and hearing; any noise is almost unendurable. The fever is generally formed in the course of the first evening, and the hot stage is frequently developed in an hour or less. Vomiting is seldom present, at least till the third day; frequently there is no sickness of the stomach. I have seen after two or three days a tendency to delirium, and sometimes I have seen it actually developed; it occurs before the hot stage.

The pulse:—I think there is no certain diagnosis to be arrived at by the pulse. We frequently find it assuming every grade. The safest procedure is to examine the circulation at the heart. The usual range of the pulse is from ninety to one hundred and sixty.

State of tongue:—The tongue is usually dry in this fever. We find it white, then yellow and coated, but it may be found absolutely black. It assumes, however, a great many varieties.

The stomach:—We find as much uncertainty in regard to this organ as we find in the pulse. For the most part the appetite is lost, but yet I have seen cases quite the reverse, accompanied by an extraordinary desire for food. I have thus briefly outlined a typical case of continued fever.

Prognosis:—The simple inflammatory fever is the least dangerous variety of this fever; when attended with abdominal inflammation it is highly dangerous. When the fever is greatly protracted it is very apt to assume a typhoid character. A very sudden and copious discharge of urine or thin watery discharges are very unfavorable. Pale urine is a bad sign. We find frequently in cases that have a tendency to terminate favorably, a slight bleeding at the nose and a moist and soft skin.

Now as to treatment:—The first duty of the physician I conceive to be is to see that the room of his patient is well ventilated, remembering that plenty of oxygen is life giving. He should have his patient washed well all over with soap and water, thus opening the pores of the skin. After this, during fever, have his body well sponged with water as warm as he can well bear, with a little salt and soda dissolved therein, thus constituting an alkaline saline bath to be used three or more times per day. If the temperature of the patient is above ninty-eight I would give him the cold douch. [We fear that the doctor has not expressed himself as he intended in regard to the degree of temperature.—Ed.] In many cases of this fever calomel has been considered of the greatest use, especially if there be a high degree of inflammation with foulness of tongue; but it is nevertheless true that there are many cases of fever that can be treated more successfully where mercury is entirely omitted, especially in this fever.

I am satisfied from experience that in a majority of cases calomel, in this fever, is too active for the intestines, often producing great mischief. I use the fluid extract of cascara sagrada as a laxative. I give from three to ten minims three times per day; if necessary, as a cathartic, twenty to forty-five minims morning and evening, being always governed by circumstances. I use no quinine in this disease. I consider the drug decidedly injurious; better by far use barley water and beef tea and keep the bowels in a soluble condition by enemas. If there are local complications (and it is very necessary to be on our guard, and to watch minutely for such) they must be subdued by cupping, blister,

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etc. As regard drinks in this fever, I favor cold water and as much as the patient desires. I regard it as one of the best things that can be given. To produce a determination to the surface, ease pain, lower the temperature and act as a diuretic, calm excitement and neutralize septic conditions, I use the new remedy, salo-sedatus. I give it in doses from seven to ten grains every two hours; in some cases I have to use more and some less. I consider it in this fever the remedy *par excellence*. I also give small doses of spirits of turpentine as the case may require. With the treatment herein laid down I have been eminently successful in limiting its career—and often aborting the disease entirely.

W. K. GRAYSON, M.D.

White House, Florence, Texas.

Disease Antagonism.—Continued Fever.—Diabetes.

Editor MEDICAL WORLD:—While treating yellow fever in Memphis, during that fearful epidemic of '78, I had two cases showing the antagonism between erysipelas and that disease. I was called late one evening to Major R., age 65, who had just had a severe chill ushering in yellow fever. He had been suffering for several days with a serious attack of erysipelas of the face which had extended above the eye-brows, the eyes being closed by the tumefaction produced by the inflammation. Next morning all symptoms of the latter disease had disappeared except slight desquamation. The yellow fever proved to be a severe typical case, but ran its regular course (I was ignorant of dosimetry then, and treated that disease by the "expectant" method) and on the eighth day he was able to sit up, but in a few hours the erysipelas reappeared where it left off, and in spite of remedies passed over the scalp and was not arrested till it reached the neck. He ultimately made a good recovery. His son, aged 32 years, had been his constant attendant and untiring nurse during his illness. When his father's recovery was assured he broke down and went to bed with a very sore throat which I diagnosed the beginning of erysipelas, but he had a chill that night, the precursor of yellow fever. Next morning his throat was entirely well, and the yellow fever proved to be a mild case. On the afternoon of the fifth day, I found him sitting up by a window enjoying the cool September breeze. I chided him for being so imprudent, and ordered him back to bed, as he was sneezing violently, telling him I was afraid he would have erysipelas yet or a relapse of yellow fever. That night he had a hard rigor, followed by violent erysipelatous inflammation of the throat, and next morning at 6 a.m. I found him in a deplorable condition. His tongue was swollen till it protruded half an inch between his teeth, and was as black as ink. I realized at once that his case was hopeless, having seen a number of fatal cases of malignant black tongued erysipelas in this state. He was still conscious, but speechless and wrote on my tablet begging me to give him something to put him out of his misery. Remedies failed to relieve, and he died at 10 a m. While these cases may not show what might be correctly called antagonism of diseases, as expressed in your editorial in June WORLD, yet they show that the yellow fever poison was the stronger of the two, and held the other in abeyance till it had run its course.

A great deal is being said and written about slow or continued fever, erroneously called by some typho-malarial. This I take to be simply the old bilious remittent fever of forty years ago, modified by some unknown cause, and often protracted from three to five weeks by over-medication, especially by heroic doses of calomel and quinine.

While the fever is always continuous, yet in most cases there is a well defined remission every twenty-four hours occurring usually between midnight and 10 a. m. though sometimes in the afternoon. There is a remarkable disparity between the pulse and temperature in this disease, the former ranging from ninety to 100 with the latter at 104 to 105° F., and in this respect resembling yellow fever on the second or third day, for I have known the pulse, in this latter disease, to go down as low as forty or fifty while the temperature was 105 or 106°.

Since I adopted the dosimetric method my longest case of this continued fever lasted ten days and it had four days' start of me.

I am as thoroughly convinced that it can be jugulated or limited to three or four days as I am that medication ever accomplishes any good in the diseased state, for I do not recognize disease as an entity, but treat each disturbed organism according to its merits and condition of derangement.) To accomplish this, treatment must commence within the first twenty-four or thirty-six hours of the fever and be continued *day* and *night* till victory is obtained. I attack the fever with the defervescent granules, acontine, veratine and digitaline, a granule of each, every half hour or hour according to the urgency of the symptoms state of pulse, temperature, etc., and at the same time strive to maintain the vital energy, (for there is always vital enfeeblement before the patient takes his bed) with the vital incitants, strychnine, phosphoric acid, caffein, etc. I see that the bowels are kept regular and the liver acting but avoid goading that much abused organ, especially in the South. To accomplish this I give a granule

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or two of podophyllin at bed-time, followed by a laxative dose of seidlitz next morning, but in cases that are very bilious, with torpid liver, I add a granule of calomel ($\frac{1}{10}$ gr.) to the defervescent doses the first afternoon till a grain is taken. This acts upon the secretions and bowels much better than a ten grain dose, without its nauseating and depressing effects.

During the remission from midnight to 10 a. m. I add half a grain of quinine (in the case of children a centigramme) to the defervescent granules, to be given every hour.

This treatment, though a little troublesome (but what good is ever accomplished without some trouble) kept up continuously for forty-eight hours, will abort or *cure* nineteen cases out of twenty if commenced on the first or second day of the fever.

For the past three years I have been rather making a specialty of the treatment of diabetes, and my success has been such that I had begun to think I knew all about the disease, but I lost an important case in Galveston in Feburary, my first fatal case, which took the conceit out of me and discouraged me very much, especially as I found at that time that I and two of my children were affected with the same disease, or, as I have since decided, with glycosuria only, in which the sugar is from one to three grains per ounce, with an absence of many diabetic symptoms. I cannot give a detail of my treatment of this disease now which I find is becoming very prevalent, nor a report of my cases, for this letter is already too long, but I would like to give the brethren, who take so much interest in our matchless MEDICAL WORLD an account of the anomalous effects of an alkaloid in this disease which are directly the opposite of those usually ascribed to it. I refer to cocaine. This is said to be a powerful aphrodisiac and active diuretic. In four cases in which I administered it in doses of one-half to one grain every three hours till three to five grains were taken in twenty-four hours it destroyed all venereal desire and reduced the flow of urine from six to eight pints to as low as one pint a day, causing, at the same time, profuse diaphoresis, but no apparent evil effects. In connection with strychnine it relieved the languor and tired feeling so much complained of in this disease, but did not affect the production of sugar. To control this I have been using for the past six months fluid extract of jambul seeds prepared by Parke, Davis & Co., with considerable success.

I do not interfere with the patient's diet but advise him to continue his usual regimen, for, as Dr. Burggraeve says: "The cause of the malady is vital enfeeblement," so I think a generous nutritious diet is needed to counteract the terrible drain upon the organism.

Houston, Texas. W. L. COLEMAN, M.D

Calcium Sulphide in Systemic Infection.

(SECOND PAPER.)

Editor MEDICAL WORLD:—Your September issue, containing my first paper on this subject, is before me. I am deligted to find my effort so strongly supported by Dr. Cornet's admirable article on sulphide of calcium in variola. I had expected to touch upon this later on. but now it will be unnecessary, as Dr. Cornet's article gives the gist of the whole thing.

It is doubly pleasing to me to have the doctor speak out so strongly for the better way, for well do I remember his conversion to the use of the dosimetric granules of the active principles, when he announced in a private letter to me that he had "thrown his fluid extracts and tinctures away." This is a faith from which no one, once well grounded, ever backslides. The report of this one case should be enough to set readers of THE MEDICAL WORLD to thinking.

The first case to which I call your attention is that of a flaxen haired child of some six or seven years. The family had been unfortunate, financially, for some months, and so did not call me with their usual promptness, the child having been sick several days when I first saw her. There was malaise, moderate fever, high pulse, a vile tongue, anorexia—in fact a perfect loathing of food—white patches here and there all over the buccal mucous membrane, especially within the fauces, ulcerative lines along the magins of all the teeth, extensive engorgement of the cervical glands with a breath and general odor that made me say "diphtheria" to myself before I looked in her mouth, and even then I looked more than once, and went over the history carefully before I was willing to decide for parasitic stomatitis.

I gave a mouth wash of peroxide of hydrogen, one part to six of water, the first mouthful to be spit out each time, and the second swallowed, and two granules, 1-6 grain each, of calcium sulphide to be taken every half hour with one granule of calomel, grain 1-6, to be added every other time.

This visit was made in the early morning; ten hours later there was a marked improvement in the case; bowels had moved, tongue was clean, fever and fetor gone and the swelling of the cervical glands was rapidly subsiding. I continued the same treatment at doubled intervals for another day, and the child was well.

I then gave a tonic of strychnine arseniate, grains 1-134, and iron arseniate, grain 1-6, one

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at meals, to overcome the dyscrasia, feeling that a safe, speedy victory had been won.

Other similar cases have fallen to my lot several times; very recently one of ulcerative stomatitis with cervical engorgement and high fever, yielding to same treatment, in four days, another of mixed type, parasitic and ulcerative combined, where there was a buccal ulcer the size of a quarter, yielding in one week. In this case, in addition to the above general line, I cauterized the ulcer every other morning with pure carbolic acid.

In my next paper I will treat of tonsillitis and diphtheria. DR. W. C. ABBOTT,

Ravenswood, Chicago, Ill.

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Editor MEDICAL WORLD.—Will you kindly ask the Brotherhood in the next issue of THE WORLD to enlighten me as to the best practical mode by experience, to bleach or remove "liquor blossoms," as I have several patients here anxiously awaiting the process? I hope some of the fraternity will give me the desired information,

ROBT. HILL, M.D.

34 W. 3rd South St.

Salt Lake City, Utah.

If not Muscular Rheumatism, What is It? and How Shall I Treat It?

The subject of this letter is myself, and I beg your pardon for its length and minuteness.

I was reared in a high and dry, but malarious section of this state. I frequently had various forms of malaria until I was sent to college in the mountains at the age of seventeen. Since then I have been almost perfectly free from it. My mother was 5 ft. 9 in. in height and weighed 175 to 200 lbs. and quite healthy. My father was about the same height and weight and very healthy, except occasional attacks of rheumatism in his hips and also indigestion and tonsilitis. Last year in January, while overlooking some hands cleaning out a ditch, he was taken with muscular rheumatism of the various muscles of the chest. The disease finally went to his heart and he died suddenly, aged 76 years.

His sister and numerous cousins have long suffered with various forms of the disease. I am very much like my father, being 5 ft. 9 in. high, weigh 180 to 200 lbs and phrenologists say that my temperament is vital-motive-mental combined; ruddy complexion, dark brown hair and bluish gray eyes; aged thirty-eight. About ten years ago, while practicing in the swamps of Mississippi, I was one day wrestling with a friend when I thought I sprained my hip, but soon learned that it was rheumatism. I had attacks occasionally, once or twice a year, for several years until 1886, when I married and settled down in this city.

I do not know whether it is the less exercise (I formerly did a large country practice on horseback, but now use an easy buggy entirely) or more generous diet or the foul city air; but I am hardly ever clear of pain now for 365 consecutive days yearly, and I believe every muscle in my body is affected, at times, from the crown of my head to the very soles of my feet, and also every joint; but the pain does not seem to be exactly in the joint, but in the muscular and fibrous tissue near the joint. My hips are by far the worst, and are frequently sore to the touch for five or ten inches all around, but never inflamed nor confining me to bed, except as I retire to take medicines for a day or two. Pleurodynia and lumbago are my next worst points, and are generally very sensitive to the touch in localised points; about two and a half inches to the right of the point of the sternum being a specially tender point, and about three inches below the lower point of the scapula another.

Tongue clean, bowels regular, urine rather scant and high colored. Analysis: Clear when fresh; acid. sp. grav. 1017; no free phosphates; no albumen; amorphous urates abundant.

My digestionois rather slow. I frequently have eructation of gas in three, four or five hours after a hearty meal and sometimes it has a very sour or bitter taste.

I have tried a great many remedies, nearly all that I can think or read of; but I find an artificial Carlsbad water taken in a cup of hot water before breakfast, the salicylate of soda, tongaline, tri-iodides and alkalies are about the best remedies. I cannot take iodides on account of their very disagreeable effects and am heartily sick of salicylate of soda.

I am very fond of meats but now restrict my diet in that respect. I eat fowls, fish, eggs, grits, rice, rolls and light bread, butter, milk, tea and fruits.

Columbia, S. C. DOCTOR.

[Evidently, uric acid diathes. The whole regime should be less food and more complete elimination. Take plain food and us more than will perfectly digest. However, to neutralize fermentation of that which does remain undi-

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gested, take alkaline drink, hot four hours after meals, using for that purpose different alkalies from time to time, lithium salts, benzoates, phosphate of soda, chloride of ammonium, etc.—Ed.]

Protracted Gestation.

Editor MEDICAL WORLD:—I have recently attended three confinement cases in which the patient claimed to have gone from three to six weeks over "her time." In each of the three cases the child was abnormally large and the cranial bones so thoroughly developed that no overlapping was possible. In one, after craniotomy and dismemberment, I delivered the woman of a child which, minus the brains, weighed fourteen pounds. Was the fact of the three mothers, who had gone "over time" giving birth to abnormally large children simply a coincidence, or does the child, developing all the time, sometimes remain in the uterus for ten or ten and a half months?

Goodell, Iowa. W. L. GILBERT, M.D.

Editor MEDICAL WORLD:—I have a question to ask, and any professional brother who will contribute his mite in this direction will have my heartfelt thanks. I have been in the practice of medicine for between thirty and forty years, and this is the hardest question I have ever had to grapple with.

On Friday, the 7th of July, 1893, I was called to go seventy-five miles to see a sick woman. My only household consisted of myself and a daughter aged twenty. She stayed at home in my absence to take care of house and office. On my return, on the sixth day, I found her a corpse, having died in her bed on Sunday night, and being found two days after. At Coronor's inquest, the first witness who found and examined her stated, "marks on throat, each side of trachea, cuts as if made by finger nails, blood on throat and issuing from nose and mouth, throat and face black, chest and other parts of body natural color, about $150 in trunk, unlocked, gone."

Now for the question: what kind of poison would produce these symptoms? or was it poison, or was it a choking to death by a human hand? If there are any poisons producing the symptoms already described, will you please mention them. I may here mention that, for eight years she had been a subject of chorea, but had entirely recovered, and was stout and hearty.

Paisley, Oregon. B. N. MODISETTE, M.D.

[We extend our most heartfelt sympathy to the bereaved father. We know of no reason to suspect poison. The symptoms detailed are those of physical violence.—Ed.]

Diagnosis and Treatment Wanted.

Editor MEDICAL WORLD:—Patient, a male, is fifty-one years old, has enjoyed comparatively good health with exception of present trouble, which commenced when he was only three years old with quite a severe intestinal hemorrhage amounting to one-half pint and was quite dark. This hemorrhage has kept up intermittingly ever since, the discharge being dark and not extra offensive. No pain at stool. Complains, at times, of severe pain in left epigastric region and there is at these times a large hardened substance in this location, about size of an ordinary fist. He is not confined to bed very often with these attacks, but is now. They do not usually prostrate him much. Can get no history of malignancy. Would like to hear suggestions from the readers of THE WORLD.

Robbins, Tenn. B. G. ALLEN, M.D.

Editor MEDICAL WORLD:—I have a patient over which I am very much puzzled to find remedies that will give permanent relief, and I would appreciate very much any assistance received from the readers of your valuable journal.

Mrs. W., aged sixty-six, has been under my constant treatment for five months, receiving, I am pained to say, but temporary relief. Her history is the following:

Has suffered with sciatica for fifteen years; five years ago suffered very much with lumbago, at times would be unable to get up when down for two weeks, during which time her urine would be scanty and high colored. Her menses ceased at fifty years of age. No trouble in that way. Two and a half years ago she began to have slight cramps in the calf of her right leg. At first there would be an interval of one to two months between the attacks. They continued coming closer together until she would be attacked every two weeks; also she would suffer in the entire right side, particularly in the right leg and arm. These spells of cramps would only last a few moments, after which she would feel weak and lame in the right arm, hip and leg. During an attack of cramps she suffers the most excruciating pain. I was first called March 27th last and found her suffering intensely, not only in the right limbs but in the bowels, chest and slightly in the left limbs. It looked as if she would die before I could relieve her. I gave, hypodermically, atropine sulph grains $\frac{1}{100}$, morph. sulph. $\frac{1}{2}$ grain and was forcpe to give two additional injections of morph. $\frac{1}{4}$ grain each before relieving her, and she had never used opiates before. That was the severest attack she has ever had. I have been called a

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number of times since but succeeded more quickly in relieving her as she sends immediately on being seized. There being a history of rheumatism in her family I diagnosed the case of rheumatic origin and have treated her accordingly. The following are a few of the formulæ I have used:

℞ Acid salicylici.....drams ijss
Pottassii acetatis.....drams iij
Spts eth nitrosi.....ounces ij
Glycerini.....ounces j
Vini colchici.....drams ij
Fl ex manacæ.....drams ij
Aquæ dest q. s ad.....ounces viij
M. Sig.—Tablespoonful every four to six hours.

℞ Fl ex manaca.....ounces j
Sodii salicylatis.....drams ij
Tr digitallis.....drams j
Aquæ dest q. s. ad.....ounces iv
M. Sig.—Teaspoonful diluted every four hours.

℞ Salol
Antikamnia.....aa drams j
M. ft chart No. xij. Sig.—Take one powder four times daily.

I have also tried quinine in full doses, tr. ferri chloridi and acid phosphoric dilutum, potassii bromidum in full doses; also chloral hydrate, liniments and electricity. Have looked after her secretions and have kept them in good order. I use cascara sagrada fl. ex. to keep bowels open. Will add that number one and two do more good than anything tried, but still, under full doses of either of those, the attacks return every ten days to three weeks. Her appetite remains very good with sufficient flesh, fair digestion and cheerful nature between the attacks, but she becomes very much excited as soon as she feels the first twitch of a muscle. I will appreciate much any assistance received.

HARRY BROWN, M.D.

Yorktown, Dewitt Co., Texas.

Editor MEDICAL WORLD:—As this and next month is the usual time for the development of "milk sickness" in the localities in which it prevails, will some of the contributors who have had actual experience with the disease, give us their views on its pathology symptoms, treatment, etc.; also their hypothesis in regard to its causation? Cases are already developing.

This is a very serious as well as critical disease, and an intelligent discussion may be the means of saving many lives, as among the younger practitioners it is often confounded with some of the low fevers and mistreated.

Very Truly
L. M. ALBRIGHT, M.D.

Willow Dell, Ohio.

Editor MEDICAL WORLD:—Will you kindly give me a little assistance in the following case? Girl about twelve years old, smart and apparently in good health, with birth mark on left leg, extending from four or five inches above the knee to the same distance below. The mark is covered by thick, warty skin, almost black in color, shading off to light brown on the edges. It would be covered with hair if her mother did not keep it cut close. Scattered here and there over the surface, are larger warts, some of them the size of a hazel-nut, and several of these have become the centre of running sores, one of them as large as or larger than a silver dollar. The discharge, which is considerable, is very foul, and for this reason, and not because the child suffers any pain or inconvenience, the parents are anxious to have something done. Can it readily be healed and what is the best treatment?

ALMA L. WILLISTON, M.D

Frutchey's, Pa.

A California reader inquires about Dr. J. A. Sherman's method of treating rupture. Who can enlighten him?

Do not Pack the Vagina in Cases of Adherent Placenta.

Editor MEDICAL WORLD:—The treatment of adherent placenta as given in July number, page 239, to pack vagina go home and to bed, is a most dangerous one. The writer does not take into consideration *internal hemorrhage.* My advice is never leave the house till placenta is expelled—wait two hours if there are no bad symptoms, interfere sooner if there are—use all these excellent precautions with gentleness and chloroform. There should be no trouble. The adhesion is frequently slight. I have practiced for more than half a century and never left the house in such a case and never will.

Toronto, Canada. T. C. NEWBURN, M.D

Editor MEDICAL WORLD:—Will you or some of your many readers kindly give me a good *preventative* for biliary calculi, "gall stones"? I have two female patients who suffer agony nearly every month or so and they always, after getting relief, say "Doctor, can't you give me something to keep off these spells"? Hoping that some of the many readers will comply with my request, and with best wishes, I await the next issue of THE WORLD "the journal for the busy Doctor."

Martinsville, Va. T. W. Simmons, M. D.

[Avoid starches, sweets and fats as well as malt and spirituous liquors; use alkaline mineral waters and especially phosphate of soda before meals, with plenty of water as diluent. Prescribe diet chiefly of lean meats, fowls, game, eggs, fish and especially *fruits and succulent veg-*

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etables. Out door exercise and massage of the entire liver, stroking and kneading in a direction toward the median line, as, also, faradization of the liver, will be of great benefit in preventing the accumulation of calculous material. —Ed.

Doctor, what success have you had in the treatment of peritonitis with opium? With saline cathartics? With a combination of these two methods?

When we have headache what is the precise anatomical structure that aches? Is it the brain? or the meninges? or the mucous lining of the sinuses? or the bones of the skull? or, finally, covering of the cranium? Do you usually differential your headaches as to structure involved?

A certain Professor of Physiology, who is an eminent and successful dentist, teaches that sugar, taken into the stomach, prevents the proper assimulation of the lime salts and thus interferes with the nutrition of the teeth and bony tissues; that this nutrition being thus cut off, the teeth are imperfect in structure and composition and are liable to grow ill-shapen and to decay prematurely. He claims that it is this effect, in interfering with nutrition, and not the supposed production of local fermentation in the mouth, that causes the bad teeth of sugar and candy eaters.

We should like to have the observation and experience of our readers upon this subject, especially of physicians practicing in the sugar producing regions of the Gulf States, where it is said that large amounts of sweets are consumed, especially by growing children. 1. What effect do you observe the excessive use of sweets to have upon the first or milk teeth? 2. What upon the formation of the permanent teeth? 3. Does such use favor more than usual decay in early adult life? What effect upon the teeth of middle and old age?

If "A constant reader of the Medical World" will send his name and address, (not for publication) his article (a quiz) will be published.

My First Case of the Kind.

Editor MEDICAL WORLD:—On August 30th, 1893, I received a summons to go in the country, about three miles distant, and on my arrival I found a p\tient with the following history: female, aet 25, colored, married, 1st confinement eight days prior to my arrival; labor normal and easy; previous health good; child small, but seemingly healthy.

The mother seemed to do well until the seventh day, when she was attacked with the following symptoms: head-ache, constipation, soreness in the stomach, misery in left side from lower border of ribs up to the seventh, mouth dry, with constant desire to drink, nausea, with persistent vomiting. The next day, when I arrived, I found her with the above-named symptoms, together with a pulse of about 120, thready, brown coat on tongue, skin dry, with cold extremities, temperature about normal.

The coat on the tongue, which was heavy, gradually changed to black; the pulse became more and more thready, until it could not be counted and soon not perceptible at the wrist. On the third day she took trembling of the muscles, especially of those about the face, the temperature remaining normal until the morning of the fifth day, when it was 100 F. The above symptoms remained and increased until the evening of the 5th day, when she died, all treatment being without relief from first until death.

I diagnosed this a case of "Icterus Gravis," Am I right? If so, give appropriate treatment; if not, what was it?

I should like to hear from THE WORLD family on this, and especially from Dr Waugh.

Gumboro, Del. G. F. JONES, M. D.

Current Medical Thought.

The Value of Salt Egg Enemata.

C. A. Ewald expresses the conviction that a simple emulsion of eggs is absorbed in the large intestine, which statement is controverted by Voit and Bauer, who maintain that it only occurs when kitchen salt is added to the eggs. The author reaches the following conclusions as the result of oft-repeated experiments.

1. Absorption takes place but slightly from the large intestine, and especially from the rectum when the simple emulsion is used. When kitchen salt or pepsin is added the absorption is doubled.

2. In this salted egg emulsion (with water) we possess a highly valuable clyster. The absorption is but slightly increased by peptonizing. The clyster should not exceed f ℥ iij. Use xv grs. salt to each egg. Take a long, soft rectal tube and introduce the fluid slowly. These points are important.—*N. E. Med. Monthly.*

On Some Results from the Chemical Examination of the Contents of the Healthy Stomach.

In a paper read before the Edinburgh Med. Chir. Society, the following conclusions were arrived at:—1. That proteids in solution have

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the power of attracting, and probably combining with hydrochloric acid. 2. That this acid so combined, even if greater in quantity and strength, does not prevent more free HCl from dialyzing through. 3. Hydrochloric acid has no power of combining with carbohydrates. 4. If in one case the acidity outside be less and in another greater, the contents being much the same, the acidity inside does not vary in proportion. 5. That if the proteid varies in concentration, the acidity inside varies with it. Dr. Gillespie then proceeded to detail some experiments performed on a patient who was an adept at removing the contents of his stomach with a stomach-tube. He suffered from a neurotic dyspepsia, in which the acidities present were nearly normal. After breakfast, consisting in turn of fish and bread, minced meat and bread, porridge alone and ripe fruit, the contents of his stomach were removed at frequent intervals, namely: at ½, 1, 1½, 2, 3, 4 and 5 hours after food. The acidity found in each case was exactly proportional to the proteids in the food, except in the last, where the excess of malic and citric acids obscured the amounts of hydrochloric acid. Particular attention was directed to the quantity of the free HCl and the time at which it first made its appearance, the amount of the proteid-hydrochlorides and the presence of lactic acid. The following deductions were made: 1. Free HCl is secreted by the stomach glands from the moment in which the food enters the viscus. 2. The time of the appearance of free HCl varies with the food, with its concentration, and with the state of the gastric mucous membrane. The time varies from the first half hour to the second or third hour. 3. The acidity during the earlier part of gastric digestion is so small, consisting solely in combined acidity, that the amylolytic action of the saliva can go on for a short time. 4. The free HCl secreted at first, combines at once with the proteids present in the food. 5. Proteid-Hydrochlorides are less antiseptic than free HCl. 6. The acidities per cent. differ in the filtered and the unfiltered contents. The total and free acidities are lower in the filtered, the combined higher than in the unfiltered. 7. The total solids and inorganic salts diminish per cent. throughout. 8. The stomach contents have no further digestive power unless there be some free HCl present. 9 The total acidity may vary from 108 to .36 per cent., the combined acidity from .072 to .324 per cent. and the free from .018 to 99 per cent., calculated in terms of HCl. 10. Heartburn cannot be caused by HCl combined to proteids. 11 The acidity of the stomach contents and the urine are often inversely proportional. In laying down some rules for guidance in diagnosis and treatment founded on the results of these observations, Dr. Gillespie deprecated the common practice of simply treating the local chemical disturbance without thought of the wider issues which were so often present. The pain caused by acidity could be soothed better by proteids or by dilution of the contents with water than by the administration of alkalies. He also dwelt on the importance of proportional hyperacidity in cases of gastric ulcer and erosions.—A. L. Gillespie in *Eng. Med. Press*,

Dyspepsia and Beef Tallow.

Dr. Park Holland, of Hyattville, Wyo., writes: "I have found that in any gastric trouble accompanied by the eructation of gas— sour or otherwise —a liberal use of beef tallow to the exclusion of all pork fat (lard) is an excellent remedy. Beef tallow is rendered the same as lard—salt added after skimming. This will keep it sweet and wholesome in the warmest weather. Use this in the kitchen in place of lard. A person who is inordinately fond of 'grease' can saturate his food in this, with no resulting 'belching'. I treat the alternating diarrhea and constipation in the ordinary way peculiar to each case, and find I save the patient much time and distress."—*Medical Record.*

Meat Eating and Bad Temper.

One deplorable result of excessive meat eating in England is the ill-temper which is a chronic complaint among us, "In no country," declares Mrs. Ernest Hart in the *Hospital*, "is home rendered so unhappy and life made so miserable by the ill-temper of those who are obliged to live together as in England. If we compare domestic life and manners in England with those of other countries where meat does not form such an integral article of diet, a notable improvement will be remarked In less meat-eating France urbanity is the rule of the home, in fish-and rice-eating Japan harsh words are unknown, and an exquisite politeness to one another prevails even among the children who play together in the streets. In Japan I never heard rude angry words spoken by any but Englishmen. I am strongly of the opinion that the ill-temper of the English is caused in a great measure by a too abundant meat dietary combined with a sedentary life. The half oxidized products of albumen circulating in the blood produce both mental and moral disturbances. Brain workers should live sparingly if they would work welland live long. Their force is required formental exertion, and should not be expended on the task of digestion for 'they should remember that the digestion of heavy meals involvesa great expenditure of the nerve force.' The healthful thing to do is to

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lead an active and unselfish life, on a moderate diet, sufficient to maintain strength and not to increase weight.—*British Medical Journal.*

Medical Cookery.

The writer quite agrees with Prof. Keen, the eminent Philadelphia anatomist and surgeon, who asserts that every physician should have as perfect knowledge of the kitchen and the proper methods of food preparation as of drug stores and the methods of compounding medicinal agents. Of the two, the knowledge of dietetics and cookery, would, in the writer's opinion, be found much more valuable than the knowledge of drugs. Both kinds of information are important, but a thorough knowledge of food stuffs and their relation to the needs of the body, must be of inestimably greater value to the physician, than the information gained by the most thorough study of pharmacy and materia medica. Physicians frequently prescribe iron for anemic conditions without considering that blood cannot be made of iron, but must be made, if at all from the food. Strychnia is almost universally administered as a remedy for weak nerves, the fact that nerves cannot be made of strychnia being ignored. Weak nerves can be improved by proper nourishment only. In proper nourishment lies the only remedy obtainable for nearly all chronic maladies. Hence the importance that the physician should be thoroughly posted on the subject of materia alimentaria. If a good cooking-school and experimental kitchen could be connected with every medical college and every student be required to take a thorough course of instruction both in practical and theoretical cookery, and dietics a revolution in the methods of treating disease would quickly follow.—J. K. H. in *Modern Med. and Bacteriological Jour.*

The Influence of Borax and Boracic Acid on Digestion.

The antiseptic qualities of borax and boracic acid have long been recognized and there is no question that they both possess considerable capacity for preventing the multiplication of bacterial organisms. It has been the main object in the experiments about to be described to abtain positive evidence whether they have disturbing effect upon amylolytic and proteolytic action; or, in other words, will the presence of either borax or boracic acid in the stomach and intestines modify to any injurious extent the normal digestive processes?

SALIVARY DIGESTION.

From the results it is evident that borax tends to inhibit the amylolytic or starch-digesting power of saliva.

The inhibition appears to consist simply in retarding the rate of action. There is evidently no destruction of the amylolytic ferment, but simply a dimunition in the rate of action. Boracic acid tends to increase rather than check the amylolytic action of neutral saliva. It was further found that the addition up to 5 per cent. did not prevent the conversion of starch into soluble products, although no reducing bodies were found in the presence of this large amount of acids.

GASTRIC DIGESTION.

The inference from this experiment is plain —that, so far as the purely chemical process of gastric digestion is concerned, the presence of moderate amounts of boracic acid not only will not impede the proteid digesting power of the secretion, but, on the contrary, will actually increase the proteolytic action of the ferment. Borax, like boracic acid, when present in very small amounts, appears to increase rather than retard digestive action of pepsin-hydrochloric acid. This increase of proteolytic action is, however, more quickly followed by retardation, as the percentage of borax is increased, than with boracic acid. Hence it would be reasonable to assume that such quantities of borax or boracic acid as would ordinarily be ingested, either for therapeutical purposes or otherwise, would not have any pronounced retarding effect upon the purely chemical process of gastric digestion.

PANCREATIC DIGESTION.

From this experiment it is apparent that the addition of borax to a neutral solution of trypsin increases very greatly the digestiveaction of the ferment; and it is furthermore noticeable that this increase in proteolytic power is proportional to the increase in the amount of borax up to 2 per cent., beyond which point the digestive action diminishes with the increased addition of borax. From the results with boracic acid, doubtless owing to its weak acidity, it has little or no power of checking the proteolytic action of neutral solutions of trypsin, until it is present in a digestive mixture in quantities beyond 1 per cent., and even then its retarding effect is not very pronounced.

In conclusion, the foregoing results would appear to warrant the statement that borax and boracic acid, when present in moderate quanti-

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ties, can have little or no deleterious effect upon the more important chemical processes of digestion. On the contrary, it would appear that the presence of these agents may, in some cases at least, even accelerate the normal digestive processes of the alimentary tract.—R. H. Chittenden in *The Dietetic and Hygienic Gazette.*

Coffee-Using and Lactation.

Dr. Alice McLean states (*Med. and Surg. Rep.*) that in an institution of which she has charge, recently, in which there were about thirty nursing women, coffee was served twice a week. Regularly upon those days the nurses in charge reported a scarcity of breast-milk, and there was frequently a necessity for resorting to artificial feeding to eke it out. Dr. McLean suggests that in the lying-in period, and at the time of weaning, when the breasts secrete more milk than is wanted, and when the mother is abstaining from fluids, her thirst might be quenched with coffee with good results.—*Med. Standard.*

Food in Health and Disease.

Dr. Frank S. Hough concludes (*Diet. Gaz.*): That nourishing food is a great desideratum. That digestibility is also a great desideratum. That concentrated food should be allowed in quantity not much in excess of the requirements of the system. That foods possessing high nutritive power should be associated with foods of very low nutritive power, the latter to be the bulk of the diet. That concentrated foods cause constipation and irregular action of the excretive function. That bulky foods of low nutritive power exert a marked salubrious tendency towards keeping the bowels regular and enhancing the health of the patient. Fruits and vegetables, as a rule, are acceptable to most patients. They are not very nourishing (comparatively), since they contain so much water and fibre; still they are very useful in the "make-up" of a regimen for the invalid. What portion of them that is digestible is digested, and the remainder (with some few exceptions) passes on without irritating, to swell the volume of excreta, thereby giving the intestines something material to work upon and forcing a passage. Don't be forever dosing patients with physic; choose some food which will answer the purpose. The ideal diet is a variety, containing a small portion of highly nutritious food, and a large proportion of food possessing easy digestibility but low nutritive power.—*Med. Standard.*

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Notes on the Use of Some Active Medicinal Agents.

Dr. Hirschfeld reports in the *Australasian Med. Gazette*, September 1893, the magnificent results of the use of **pilocarpine** in the treatment of *diphtheria*. He gives a prescription $\frac{1}{60}$ grain, to each dose, repeated hourly.

Pilocarpine is now highly spoken of as a successful remedy for *membranous croup* and also for *croupous pneumonia*. Dr. Carl Szliklai gives it in full in the June No. of Merck's *Medical and Surgical Bulletin*. He gives it *to full physiological effects.*

Try **calomel** in $\frac{1}{40}$ to $\frac{1}{100}$ grain doses for *anemia*, after iron has been employed in vain

Dimitriff reports success in controlling *menorrhagia* and *metrorrhagia* with **atropine** after other hemostatics had failed.

Epilepsy is successfully treated by Dr. David Inglis (August *Therapeutic Gazette*) by the use of small doses of **atropine**, in cases suited to this treatment, when the bromides have proven worse than useless. He gives $\frac{1}{120}$ grain *t. i. d.*, with dose of chloral at bed-time if needed for insomnia, and bitter tonics to build up the general health.

In his address before the Lehigh Valley Medical Association, August 3d, 1893, Prof. H. A. Hare stated the beneficial results of **cantharides** in *diseases of the kidneys and bladder.*

The leading editorial of the August *Therapeutic Gazette* mentions the efficacy of **arsenite of copper arsenious acid, corrosive sublimate** and **podophyllin** respectively in different phases of *diarrhea* of *infants.*

The inherent difficulties in the accurate administration of the above, as well as many other remedies that are so powerful that the required dose is very small, arise from the great trouble and uncertainty of correctly dividing them. This trouble is obviated by using the accurate and reliable granules made by the Philadelphia Granule Co., No. 10 South Eighteenth Street, Philadelphia. We feel safe in recommending them as containing just what the labels indicate.

Reviews.

As a rule, *reprints* mentioned in these columns are offered to be sent free, unless a price is stated, upon application to the author, mentioning THE MEDICAL WORLD.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. By Charles E. Sajous, M.D., with seventy associate editors. Illustrated, complete in five handsome volumes. Sold only by subscription.

The physician must have this master-work. The judgment used in editing the vast mass of medical literature that comes out in a year, and selecting only

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the best, renders it unnecessary for the physician to read a lot of useless matter, and yet he gets all that is really worth his attention. This it is that makes this great work worth buying.

OUTLINES OF PRACTICAL HYGIENE ADAPTED TO AMERICAN CONDITIONS. By C. Gilman Currier, M.D., Visiting Physician to the New York City Hospitals; Fellow of the New York Academy of Medicine. One large octavo volume, 468 pages, illustrated, $2.75.

The intelligent and scientific utilization of all known means for prolonging life and preventing diseases has become a specialty in itself. "Preventive medicine" is not only to be the "medicine of the future," but it is fast becoming the "medicine of to-day."

Contents,—from chapter headings: Soil—Climate—Protection of Body—Clothing—Bathing—Personal Hygiene—Physical Exercises—Schools—Occupations, Their Influence on Health—Heating—Lighting—Buildings—Ventilation—Diet—Foods, Their Preparation and Adaptation—Water and Water Supplies—Fluid Waste—Sewers—Drainage—Plumbing—Garbage and Other Refuse—Disposal of the Dead—Human Excreta, Disposal of—Bacteria and Diseases—Infectious Diseases—Disinfection—Restriction—Communicable Diseases.

This volume presents the art of preserving health by preventing disease. The chapters on Food and Diet, 72 pages, are alone worth the price of the book.

ANATOMY: SCIENTIFIC AND POPULAR. By George Dutton, A.B., M.D., Second Edition, with Appendix. Price, half morocco, $4 00 net; postage 35 cents extra. Cynosure Pub. Co., No. 8 South Ada Street, Chicago.

We have carefully examined this work and find it very plain, direct and simple in style. It affords an easier understanding of the main points of anatomical science than any other work we have examined. It is particularly well suited for elementary students and for use in schools, colleges, and seminaries and for students of art. The alphabetical table of muscles, in the appendix, is a good idea.

A REVOLUTION AFFECTING READERS THROUGHOUT THE WORLD—A subject which has received much discussion in all parts of the country during the past month has been the possibility of *The Cosmopolitan's* succeeding in its new move of selling the magazine, unchanged in size and even bettered in quality, at the price of twelve and one-half cents, instead of twenty-five cents, as formerly. The August *Cosmopolitan*, for instance, was illustrated by a long list of famous artists, including Rochegrosse, Hamilton Gibson, Guillonnet, Kemble, Schwabe, Saunier, Goodhue, Meaulle, Alice Barber Stephens, and the late Wilson de Meza. The publishers in part explain how it is possible to keep up a pace of this kind by their announcement that the Christmas edition will exceed 200,000 copies. This move of *The Cosmopolitan* would look as if the American people had been quick to appreciate the effort to furnish them a magazine of the highest class, at a price so unusual and so small as to be almost nominal.

THE CONTROL OF SCARLET FEVER. THE J. G. ORTON PRIZE ESSAY. By F. W. Higgins, M.D., Cortland, N. Y. Reprint.

THE PROFESSION OF MEDICINE OR SKETCHES FROM THE OUT-SIDE AND FROM THE INSIDE. By S. W. Kelley, M.D., Cleveland, O. Reprint.

TREATMENT OF CHOLERA BY HYPODERMOCLYSIS AND ENTEROCLYSIS. By Judson Daland, M.D., Philadelphia. Reprint.

POINTS OF SIMILARITY BETWEEN US AND HOMEOPATHIC PHYSICIANS. Presidential Address, Philadelphia County Med. Society, John B. Roberts, A.M., M.D., Phila. Reprint.

HOMEOPATHY AND ITS CONGENERS. By G. Frank Lydston, M.D., 884 Opera House Block, Chicago. Price twenty-five cents.

DURING these times the physician is much interested in questions of public finance, as his own private finances are directly dependent thereon. He should invest one dollar in one year's subscription to Edward Bellamy's matchless weekly journal. *The New Nation*, 18 Winter street, Boston, Mass., and he should send ten cents to C. T. McKee, 1115 Chestnut street, Phila., for a "Primer of Finance," entitled "Ten Men of Money Island." These will give him the right basis for correct thinking on the subject.

A MANUAL FOR BOARDS OF HEALTH AND HEALTH OFFICERS. [FOR THE STATE OF NEW YORK] By Lewis Balch, M.D. Ph.D., Secretary State Board of Health of New York; Health Officer of Albany; Emeritus Professor of Anatomy and Professor of Medical Jurisprudence, Albany Medical College. Banks & Brothers, Albany, N. Y. Price $1.50.

The book is exactly what it purports to be, a practical working Manual. It defines the powers of the State and Local Boards, it contains directions to the Local Health Officer, it gives examples of problems which may arise and their solution, it offers suggestions for the prevention of disease and it includes directions to be followed in times of danger from epidemics of contagious diseases which formulate the best method of stamping these out which experience has devised. It solves many legal questions in the most plain and practical way. The value of the vital statistics gathered by the State Board is explained and the duty of those who are required by the law to fill out the certificates, is fully defined. Blank certificates, having the questions properly answered, are given as models to be followed. Bound with the manual is a copy of the Public Health Law to which it is designed to serve as a Commentary. The volume will be found to be of the greatest value to all who are interested in the Public Health and it will enable Boards of Health and Health Officers to be certain of their positions in their dealings either with their Municipal governments or with the people.

THE PHARMACOPEIA OF THE UNITED STATES OF AMERICA. Seventh Decennial Revision, (1890.) Official from Jan. 1st, 1894. P. Blakiston, Son & Co., Philadelphia, agents.

The new edition of the official Pharmacopeia, which has been for some time expected, is now ready for delivery. As it is a necessary volume in any complete medical library, and in the prescription department of every drug store, we refrain from any

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exhaustive review. It is the only authority in regard to the strength and mode of preparation of all the drugs in the official list.

THE HEATING QUESTION.—Steam and Hot Water are believed to be the two best systems of house-warming. In either case, what boiler to buy is often a perplexing question to the intending purchaser who finds many different kinds in the market. A selection will be facilitated by a careful reading of the illustrated catalogue of the Furman Boilers, made by the Herendeen Mfg. Co., of Geneva, N. Y., who will send the publication free on request. Many thousands of these boilers are in use for either Steam or Hot Water heating. They are described as attractive in appearance, absolutely safe, durable, run noiselessly will not leak, corrode nor burn out, are free from gas, dust or smoke, radiate very little heat in the cellar, are self cleaning and self regulating, and easy to manage. The text is very attractively illustrated with views of residences and buildings where these boilers are used.

Another publication, entitled "Home-Warming and and Ventilation," is also sent free by the Herendeen Mfg. Co., on request. It contains very interesting letters on those subjects by experts and others.

INFORMATION FOR NURSES AND IN THE HOME. By Martin W. Curran. Cloth, 333 pages. Published by Chas. H. Kerr, and Company; 175 Monroe Street, Chicago. Ill.

This book is quite neat and attractive in appearance and strong and substantial in its material make-up. Its author is a professional nurse, a graduate of the Mills Training School, Bellevue Hospital, New York, Hence, the text is free from much of the techincal matter which professionals usually put in such works. First we have a pretty comprehensive, yet exceedingly plain resume of human anatomy, 30 pages; the sick room, ventilation, furniture etc, 8 pages: Preparing and serving delicacies(very good, indeed) 20 pages, Weights and Measures, and Medicines, 40 pages; Temperature, Pulse, Bathing, Massage, Friction, Cataplasms, Fomentations, Cold applications, Cupping, Leeching, Irritants, Issues, Setons, Poisons, Enematas, Artificial respiration, Stomach pump, Electricty, from 1 to 6 pages each, 54 pages: Miscellaneous formulas, Catheterism, Urinalysis, Defecation, Thirst, Cough, etc., Sordes, Gargles, 34 pages; Daily report, Anesthetics, Inflammation, Septicemia, Wounds, Bandaging, Splints, Fractures, Dislocations, Sprains, Hemmorrage, Bed-sores, 68 pages; Diseases to the completion of the book, with table of abbreviations and vocabulary of definitions. Also a complete work on the science and art of nursing, you can well afford to recommend this one to every family in your clientele.

Dr J. B. Mattison, 188 Prospect Place, Brooklyn, N. Y., offers to send a copy of his pamphlet, "The Mattison Method in Morphinism, free to any of our readers who desire it.

ESSENTIALS OF DOSIMETRIC PHARMACY AND PHARMACODYNAMIA. By Dr-Adolph Burrgraeve. Paper, Published by W. J. Morrison, 43 Broad Street, New York, N.Y.

This is a good work for manufacturing pharmacists who are making a specialty of this form of remedies.

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We have read this little book with a great deal of interest. The plan—that of an absolute government bank, with branches in every county in the United States, or wherever needed—is a most excellent one and the only just means of securing the equitable distribution of money. There is no more earthly reason that we should give the valuable privilege of issuing our money to private firms than that we should so farm out the privilege of making our laws. We will continue to be a nation of slaves until we take over the entire money business to ourselves in our original capacity as a republican government. Doctors are especially interested in this important question, as they can only be prosperous as the people are so. If you buy this book and read it, you will probably want to order it by the dozen for distribution among your friends—with a copy to your Congressmen and Senator. Omitting criticism in detail, we still wish to add that Mr. Hill's estimate of the expense of the national banking system is too high, and also, very few would agree with him as to the details of spending the profits of the system.

FACTS AND FICTIONS OF LIFE. By Helen H. Gardener. Paper, 269 pages, 50 cents. Chas H. Kerr & Co., publishers, 175 Monroe Street, Chicago.

Too high praise can not be given to the noble thoughts, the brave words of Helen Gardener. She is not afraid to take up questions which lie close to the root of society's real welfare and the progressive improvement of the race. The chapter of this work that deserves especial attention is the one entitled "Heredity in its relations to a double standard of morals."

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Do you treat rheumatism? Your patients can carry the "Rheumatism" granules in their vest pockets. No nasty mixtures or bulky liquids. Do you want a good fever reducer that acts in a rational way without injury to the patient? The Dosimetric fever granules are reliable and convenient. Several distinct formulas. They help to break up the local inflammation which is the cause of the fever in most cases. Your syphilitic patients will find the special "Syphilis" granules convenient and active. Their "Coryza" granule will surely break up "a cold" or inflammation of the Schneiderian membrane. The Philadelphia Granule Co., No. 10 South 18th Street, Phila., were the first to introduce combination granules. Their goods are always warranted to contain the amount of the active principle stated on their labels. The active principles are the most effective remedies to administer. They now represent the advance guard of substantial medical progress.

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DR W. R. HAYDEN, of Bedford Springs, Mass., has devoted much time and talent to the purely voluntary and highly honorable task of defending the claim of the rightful discoverer of anesthesia—Dr. William Thomas Green Morton, of Boston. Dr. Hayden's eloquence and enthusiasm in this noble work, the cause of truth and justice, entitles him to great credit.

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DR. J. V. SHOEMAKER makes an interesting report on the value of ingluvin. As is well-known, this substance is made from the gizzard of the domestic fowl, and its virtues reside in a peculiar bitter principle. As is well-known, ingluvin is almost a specific for that obstinate trouble, vomiting of pregnancy. But the Doctor has found it of use in many other troubles of the digestive tract. He says:

Ten grains I found generally a sufficient dose. In some instances 20 grains were required, while in the milder forms of indigestion a 5 grain tablet, after each meal, accomplished the desired purpose. To infants I gave the remedy in doses of 1 or 2 grains.

A series of cases occuring during the past few years in which Ingluvin was administered with benefit has been selected as affording a typical example of the efficacy of Ingluvin. The total number amounted to 49 and a brief history is given of each case. They were classified as follows:—4 cases of cholera morbus; 8 of infantile diarrhea; 9 of diarrhea in the adult; 2 of dysenteric diarrhea; 1 of acute indigestion; 3 of dyspepsia; 2 of dyspepsia with reflex symptoms; 1 of dyspepsia from uterine disease; 2 of flatulent dyspepsia; 1 of nervous dyspepsia; 2 of gastralgia; 2 of colic; 4 of gastric and gastro-intestinal catarrh; 1 of gastric ulcer; 1 of vomiting caused by alcoholism; 6 of vomiting of pregnancy.

If you are not acquainted with the remedy, send to Messrs. Wm. R. Warner & Co., 1228 Market street, Philadelphia, for a sample.

FOOD is of no benefit unless properly digested. For the digestion of starchy foods use Forbes' Diastase. Send 25 cents to the Forbes Diastase Co., Cincinnati, Ohio, for *four liberal* samples.

FOR the "Ladies' Perfect Syringe," address the Aloe and Penfold Co., Omaha, Nebraska.

FELLOWS' Comp. Syrup of the Hypophosphites is the standard tonic.

FOR standard new pharmaceutical products, address W. H. Schieffelin & Co., New York.

WHAT is your experience with the Amick Cure?

As a digestant of food use Ford's Essence of Pepsin. Address N. Y. & Chicago Chemical Co., New York.

FOR fine trusses, supporters, etc., send to the Hastings Truss Co., 224 South 9th Street, Philadelphia.

WE have seen many fine examples of the good work in physician's cases made by the Western Leather Mfg., Co., 81 Illinois Street, Chicago, Ill.

HORSEFORD'S ACID PHOSPHATE will enable you to enjoy a good meal after it is eaten as well as while eating it.

PARKE, DAVIS & Co., Detroit, Mich., make standard reliable medicinal preparations.

HAVE you tried Keith's Avena Sativa for the morphine habit?

THE Upjohn Pill and Granule Co., Kalamozoo, Mich., make thoroughly reliable goods.

WE have used Stewart's Ointment for piles with satisfaction. Address Fred W. Stewart, Oswego, N. Y.

SEEK solitude, philosophize. Take a daily tonic of contentment, spiced with enough grains of ambition to keep an equilibruim; then an allopathic dose of hope for a sleeping draught. Ah, before long, you will find yourself armored against the ever-changeful mad problems, daily perplexities of life, to the degree that the tenor of your ways, your always cheerful voice, bright eyes, rounded cheeks, and unlined face will mirror your happy, hopeful soul to your friends, who will term you an optimist.—*Western Druggist.*

A well-known doctor of this city, who has a very prominent abdomen, recently confined a lady, and in a day or so the following conversation was overheard: First little girl: "Where did you get your baby?" Second little girl: "Dr.———gave it to us." First little girl: "Oh has he got babies?" Second little girl: "Oh, yes; he's just full of 'em."—*Gross Medical College Bulletin.*

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GET your new fall suit of E. O. Thompson, 1338 Chestnut Street, Philadelphia.

USE Hayden's Virburnum Compound for female troubles.

SEND to I. Philips, 69½ Whitehall Street, Atlanta, Ga., for cut rates in surgical instruments.

FOR empty hollow suppositories address Hall & Ruckel, 218 Greenwich Street, New York.

WE wonder if the President's family now use Julius Fehr's Baby powder. They ought to by all means. Write to Julius Fehr. M.D. Hoboken, N. J., for information.

SYRUP of Figs is a reliable laxative.

TARRANT'S Hoff's Malt is a good nutritive tonic.

"FAILURES IN ELECTRICITY COME FROM UNRELIABLE APPARATUS."

143 West 131st St., New York, July 29, 1893., Jerome Kidder Manufacturing Co., 820 Broadway, New York.

Gentlemen:—I write to express my satisfaction and sense of obligation to you for your persistent and effective efforts in producing for me pure zinc needles which I have in hand and have used, finding them well adapted to my needs. I take great pleasure in saying that I have had more than one occasion to remark upon the high order of your mechanical work and your very evident intention to use the best of material, making thorough reliability your motto.

This the best workers in Electro-Therapeutics can appreciate for many of the failures in medical Electricity come from unreliable apparatus. If cataphoric —zinc—electrolysis proves to be of as much value as is now hoped for it, your pure zinc needles and electrodes will be in demand from those who desire to be *certain*, that they are using pure zinc and not an alloy of lead and zinc which I do not need to say would be very undesirable if lead poisoning was not the effect desired. Sincerely yours, O. S. Phelps, M. D.,

Secretary of the New York Electro-Therapeutic Society.

FINANCES!—One of our leading physicians, who is noted for a vein of dry humor and wit, as well as his attainments in medical science, related the following, which is quite apropos in these times of bank suspensions and scarcity of the circulating medium:

Seated in his office thinking seriously of the large accumulation on the debit side of his ledger, without appropriate entries on the other side, then entered a a dusky daughter of Africa, and the following conversation took place:

Dinah—Doctor, I've come to see if yer can't do somethin for this swellin.

Doctor—Does it give you any pain? Does it hurt you any?

Dinah—Oh! No, sir, it don't hurt at all. I'm jest gettin all swelled up here (putting her hands on the lower part of her abdomen); an I think I can feel somethin movin round in dar.

Doctor—Well, er, what is the state of your *finances*?

Dinah—Oh! Deys done all stopped; habent seed nuffin of em for five or six months.—*Southern Practitioner.*

FOR dyspepsia use the Pancreo-Bismuth and Pepsin Made by Geo C. Frye, Portland, Maine.

IT is wonderful to see what a position has been so rapidly attained by Phytoline, the anti-fat remedy.

NUTROLACTIS AS A FOOD ARTICLE.—I gave a few years ago the results of about a hundred cases in my hospital practice in which I used nutrolactis.

My experience in its use as a galactagogue, since that time has justified my faith in it at that time. For increasing the quantity and improving the quality of human breast milk I can say that it has been the only agent which has ever given me any satisfaction.

I believe that in a very large majority of cases of failure in lactation, that it restores the normal flow and brings about a corresponding improvement in the digestion and nutrition of the infant.

I have never seen any bad effects from its continued use, to either mother or child. ROBERT MILBANK,

Fellow of Academy of Medicine, Mem. N. Y. County Medical Society, Society of Alumni Bellevue Hospital, Late Visiting Physician N. Y.

FOR a fine germicida soap send to Hall and Ruckel; for a sample of Sozoderma. 216 to 220 Greenwhich Street, New York.

FOR Mc Intosh supporters write to their new address, 224½ South 9th Street, Philadelphia.

SEND to I. O. Woodruff & Company, 88 Maiden Lane, New York, for tablets for the treatment of cough and consumption.

PAPOID (the active agent of *carica papaya*), is a complete success as a digestive agent. Address Johnson & Johnson, 92 William Street, New York.

When a man discovers himself to be the father of triplets he can hardly believe his own census.—*Boston Courier.*

After all, the daily practice of medicine supplies the central theory of Neuralgia pains with decisive argument. It is a matter of common occurrence that cases of Neuralgia of the trigeminal, sciatic, or superficial nerves, that have stubbornly resisted the action of the various local anesthetics and different forms of counter-irritation, disappear as if by magic after only a few days' use of Bromidia. This extraordinary result is readily explained by the well-known physiological effects of the active elements of Bromidia: Purified brom. potass. and chloral, cannabis indica, and hyoscyamus; for it must be remembered that they act on the cerebro spinal centres. Therefore, in the great majority of cases, at any rate, Neuralgic pains have a central origin.

DR CHARLES L. MITCHELL, 1016 Cherry Street, Philadelphia, prepares a reliable treatment for gonorrhea by soluble bougies.

DR. W. C. ABBOTT, Ravenswood, Chicago, Ill., makes elegant reliable granules of the active medicinal principles.

AS a food article Walter Baker & Co.'s Breakfast Cocoa stands unexcelled.

THE Terraline Co, 1316 L. St., Washington, D. C. will send one dollar's worth of Terraline free if you will agree to pay express charges.

For fine woven elastic goods address the Empire M'f'g Co. Lockport, N.Y.

Referring to the importance of thorough disinfection and the employment of such chemicals as are best known, and to be relied upon as true germ killers, and after stating how to prepare and employ different crude materials, Dr. Cyrus Edson says: "In case these

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mixtures cannot be made for any reason, as for example, the trouble and bother involved, Platt's Chlorides is the safest and best of the specially prepared disinfecting solutions now on the market."

AN EPIGRAM CONFIRMED.

Ds. W. E. Anthony, of Providence, R. I., writes as follows:—"When I was a medical student, in 1865, I remember hearing Dr. Oliver Wendell Holmes, then Professor of Anatomy at Harvard College, say to his class: 'When you begin practice you will have twenty remedies for one disease, but after twenty years you will have twenty diseases for one remedy.' That prediction seems to be fulfilled in the use of antikamnia, which seems to meet so many indications."

DIARRHEA IN CHILDHOOD.—For a child one year old give:

R. Kennedy's Ext. Pinus Can. (dark)...3 drachms
Acid Nit. Mur.....5dps.
Syr. Orange Peel.....q.s. ad 2oz.
M. Sig. Teaspoonful every two or three hours.

A pretty young schoolma'am in Klamath county, Ore., puzzled the powers of pronunciation of her class recently with the word "husband" chalked on the blackboard. To help them out she asked: "What would I have if I should get married?" "Babies, ma am," shouted the class in unison.—*New York Sun.*

BUSY practitioners who feel the need of a nutritive tonic to sustain them in their work will find in Horlick's Malted Milk a strengthening and invigorating nutrient for addition to their diet.

This food is a combination of pure rich cow's milk and an extract of malted grain, containing all the elements of nutrition in an easily assimiliable form. It makes a very pleasant table drink for every day use in place of tea, coffee, cocoa, etc., being far more healthful and nutritious for continual use. A cup of hot malted milk forms an excellent lunch when a regular meal is not obtainable.

It is easy to prepare also, being in a powdered form and requiring only the addition of water. Liberal samples for trial sent on application to Malted Milk Co., Racine, Wis.

HERPES ZOSTER—Dr. Ohmann Dumesnil in a valuable article on Herpes Zoster in the Quarterly Atlas of Derm. recommends Pescock's Bromides as a nerve sedative when prodromic symptoms appear.

ENLARGED PROSTATE.—True hypertrophy of the prostate is a disease of old age, and one of the troublesome and annoying conditions that but few old men are free from. After fifty-five years of age most men suffer with hypertrophy of the prostate. It seems to be one of the idiopathic conditions of old age. It may always be relieved, and the enlargement rendered less troublesome, by the use of *Sanmetto*, teaspoonful four times a day —*Charlotte N. C. Med. Journal.*

The following is the latest joke by the junior apprentice: "Stamps, please," curtly said the young lady. "With or without?" queried the facetious drug clerk. "With or without! Without what?" was the indignant inquiry. "Whiskers, m'am. One centers has no whiskers on Columbus. The two-centers have."—*Exchange*

WE have used with entire satisfaction the most excellent thermometers made by W. H. Weinhagen, 22 and 24 William Street, New York, N. Y.

FOR standard tablets etc., address the P. J. Noyes Co, Lancaster, N. H.

FOR a coal-tar antipyretic use Antipuralgos, made by the Kathamon Chemical Co., St. Louis, Mo.

FOR cases of diarrhea try Dermatol, imported by Schultze, Berge, and Kochel, 79 Murray street, New York.

HAVE you yet used Micajah's Uterine Wafers? For samples address Micajah & Co., Warren, Pa.

SLIGHTLY ADULTERATED.—A rather pointed story is told of Senator Blackburn, of Kentucky, and the late Senator Beck, which is given in "The Editor's Drawer' of *Harper's Magazine*. Upon one occasion it was necessary to test some old bourbon whisky before shipping the simon pure to a fastidious customer. The anxious dealer bethought him of these two great men, who were universally admitted to be connoissenrs in the article, and begged their indulgence in the matter of tasting the liquor. Blackburn swallowed a sip, smacked his lips, looked a little bit critical, tried it again and then said: "It is fair—very fair—but," again smacking his lips, "it seems to me I taste iron in it." The dealer looked discouraged. Beck went through the same process of tasting and trying, at last exclaiming: That's good—very good—but I think I detect a taste of leather." The dealer's face fell. But, feeling sure he had a superior article, he investigated. After diligent search he found a carpet tack with a leather cap at the bottom of the cask.

UNGUENTINE.—The most essential feature of any Surgical dressing is its antiseptic property, and as a consequence many surgeons have been in the habit of applying nothing except dilute solutions of bichloride (as suggested by Virchow) and using hypodermic injections of morphia to relieve the pain. Unguentine, an ointment manufactured by the Norwich Pharmacal Company, Norwich, New York, it is claimed combines both of these valuable properties. This ointment contains alum, carbolic acid and ichthyol. The manufacturers claim that they possess a process by which the irritating properties of alum can be eliminated, and that it is freed from all its objectionable features in unguentine.

WITH the pure hypophosphites of lime and soda you can score success time and again. The results are gradual, steady and certain if the remedy is persevered with faithfully, until the cure is complete. None but chemicals of known genuineness and absolute purity should be used. McArthur's Syrup is prepared on the principle laid down by Dr. Churchill. It contains the chemically pure hypophosphites of lime and soda, uncomplicated with other drugs, in a pure and wholesome syrup. If you would like to study this subject more closely the McArthur Hypophosphite Co., Boston, Mass., will send you, free, a pamphlet on "The Treatment and Curability of Consumption."

"WERE you ever caught in a sudden squall?' asked an old yachtsman of a worthy citizen. "Well, I guess so," responded the old man. "I have helped to bring up seven babies."

THE advertisement of Sennine "The New American Antiseptic" appears for the first time in this issue. A product of Phenol and Boracic Acid, the two best germicides known—in powder form (2 oz. tin boxes with inner top perforated convenient in applying on the wound surface) and readily soluble, five parts of Sennine dissolved in 100 parts of water.

(*Continued on next leaf.*)

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THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D.,
J. J. TAYLOR, M. D., } EDITORS.

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"THE MEDICAL WORLD,"
1520 Chestnut Street,
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Public Funerals in Cases of Deaths from Contagious Diseases.

It is still the custom, in countries under the domination of ignorance and superstition and even in the less enlightened portions of our own country, to hold public funerals with unrestricted attendance in the case of persons who have died from virulent contagious diseases, as diphtheria, scarlatina, small-pox, etc. There is not a well informed physician now in practice who will not agree that this is entirely wrong, being exceedingly dangerous to the living. Not only is it directly dangerous to those who attend such funerals, but through them to the entire community. Hence it is manifestly against public policy and such promiscuous attendance should be prohibited by law. It is our belief that the most if not all of our contagious diseases can be entirely eradicated if the proper authorities are given the required jurisdiction to accomplish this beneficent and humane purpose. One of the important steps would be the prohibition of public funerals in cases of death from contagious diseases.

Public Pathological Laboratories and Experts.

New York City has made a decided step in advance in humanity's battle against disease. In that city they have an official bacteriologist who examines the pathological secretions from cases suspected to be diphtheria and renders a report to the attending physician free of charge. Drug stores are used as depositories, where the physicians may leave the fresh secretion from the throat, properly protected in a bottle. These are at once sent to the laboratory and a report returned to the physician as soon as the result of examination is known. This is a great step in advance for the safety of the people, as very few practicing physicians can be expert bacteriologists or can possess a thoroughly equipped laboratory for the purpose. We are advancing in the right direction.

A Recovery is Not Always a Cure.

Assistant Surgeon Nelkanthrai Dayabhai L. M. S., of India, reports to the *Indian Med. Record*, a case of "Uncertain diagnosis in a case, threatening to end in death; treatment ineffectual: natural recovery." The symptoms detailed were of the most frightful character. The case was one of severe disturbance of the nervous system (probably exaggerated hysteria, approaching catalepsy) in a young man, the attack lasting fifty-seven hours.

We mention this for the purpose of calling attention to the very modest claims made, "Treatment ineffectual; natural recovery" instead of trying to take credit for a "remarkable and brilliant cure" as a less honorable and conscientious doctor would call it.

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A Permanent Medical Journal in the Scientific Language.

Physicians of India have written a letter to the International Medical Congress to meet at Rome (now postponed until April next) petitioning for the establishment of a medical journal in the Latin language, to give abstracts of all important papers, investigations and discoveries throughout the world, thus preserving a condensed, reliable and permanent current history of medical progress for reference in all time to come. They propose as a name, THE SALERNUM, to commemorate the fact that the first scientfiic medical school in Europe was at the town of Salernum, Italy.

Thyroid Gland a New Cure for Psoriasis.

An editorial in *The Medical Press and Circular* for August 16, relates the complete and surprising success which Dr. Byron Bramwell has achieved, further substantiated by the experience of Dr. Davies, in the cure of psoriasis by the administration of the new preparation of the thyroid gland. The drug is administered internally, a small daily dose, and no other treatment, either local or systemic, is employed. The improvement commences at once, and proceeds to complete recovery. If sustained by further experience this will prove an additional triumph of the general practitioner, by whom, in fact, most advances in therapeutics are made.

The Diaphanous Test of Death a Failure.

Dr. Benjamin Ward Richardson gives complete proof in his "*Asclepiad*" of the insufficiency of the test of death obtained by the semi-translucency of the margins of the fingers when brought together before a strong light. While that appearance will be present in life, it may also be present in some cases of undoubted death.

Dr. Rosa Engelmann, in *North Amer. Practitioner*, concludes an article on "the Accidents of Vaccination" by expresssng the opinion that "it is desirable, if not necessary, to establish Government vaccination stations." We entirely agree with the doctor on this point.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

As we receive so many articles of timely importance just after our pages are closed for the number in preparation, we wish again to remind our contributors that the 12th of the month is the very latest date for receiving articles intended for the following month's issue. Please be prompt in sending in your commuications.

Notes and Comments.

Editor MEDICAL WORLD:—I have always advocated the use of emergency cases, and have just noted an instance of their valae. A physician was telegraphed for, to board an express train and attend a lady in confinement. How much better his duty could be performed if he had his obstetric satchel, all ready, stored with all that could be needed, instead of hastily catching up whatever he happened to think of at the moment, only to find that he had forgotten his ergot, old linen, thread, pins, chloroform, veratrum, hypodermic, soap, petrolatum, forceps, or any of the other *et ceteras* that may prove necessary. So it is with accident cases. The man who reaches the field of action fully prepared to go to work, gets the cases and establishes a reputation for readiness that will be remembered and will bring grist to his mill. I think that what first attracted me to the dosimetric system was the convenience with which they could be kept and used in emergencies, especially with children; for, while I fully appreciate the occasional value of pain as a therapeutic agent in the treatment of adults who cannot otherwise be taught the truths of hygiene, I am not so constituted by nature that I can sit still while a child is suffering. My emergency case is fully stocked with anodynes for the ailments of the little ones.

A case occurring some time ago illustrated the value of being prepared, and also that of the

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heart tonics. An old gentleman became quite excited and had heart failure. The pulse was barely perceptible, extremities cold, skin cyanotic and covered with cold sweat, muscular prostration complete, and the heart sounds replaced by a feeble swish that meant heart-clot to the other doctors present, and looked very like it to me. Trinitrin made a momentary improvement, kept up by hot coffee in small doses, brucine in full doses, and atropine for more sustained effect. He recovered and passed through a serious illness shortly after, during which strychnine arseniate and the above-named remedies were required constantly.

Dr. Gilbert's note on protracted gestation (page 358) reminds one how very difficult it is to get trust-worthy statistics as to the period of gestation. Few women really know when they become pregnant; and of these some are suspected of prevarication, from the instinctive desire to single themselves out from the rest of the sex by claiming peculiarities. Then, as the greater the aberration from the normal duration of pregnancy, the greater the chance that deception is being practised, it is exceedingly difficult to get at the truth in regard to so very common a phenomenon as pregnancy and child birth.

Dr. Jones (page 360) has not stated that his patient had jaundice. I should think there was an endocarditis or pleuritis, or both, of septic origin, with septicemia, from retained toxic matter in the uterus. The great prostration and profound involvement of the nervous system indicate toxemia. If there was jaundice, his diagnosis is correct. Treatment: wash out the uterus antiseptically and give quinine freely.

Phila., Pa. W. F. WAUGH, M.D.

Treatment of Epithelioma of the Face.

Editor MEDICAL WORLD.—Epithelial cancer of the face is not an uncommon lesion in those past middle life. Pathologically it is essentially the same in its elements and molecular changes, as the same malady in other regions of the body, but clinically it presents many singular and unique characteristics.

It is by far more common in the male sex, by preference primarily attacking the lower lip. It is uncommon in women, and with them seems to have a predilection for the eyelids, usually beginning at the inner canthus.

When once completely eradicated here it seldom relapses. this being in striking contrast with malignant disease of the tongue or uterus. Facial cancer is generally painful. It is unsightly, and though its march in the elderly is slow, it is progressive, and, as it spreads, infiltrates, sparing no tissue which lies in its way.

By what means can we circumvent its progress, and stamp it out, with the least shock to the patient, and with the least mutilation? In other words, what is the *rationale* of its treatment? Shall it be by the scalpel, by fire, the thermo-cautery, anhydrous caustics, by injections of methyline-blue, or other more or less vaunted specifics?

Shall its immediate and total ablation be recommended by an operation which will entail the division of the tissues and loss of blood or should we be content with less heroic, but more protracted measures?

Much may be said on both sides, in this regard, for there are cases in which one method may be more efficacious and judicious than the other.

Many patients have a wholesome repugnance to the employment of the knife, and through fear of it will often defer operation until it is quite impracticable to remove the mass and fill in the the hiatus without adding an autoplastic procedure. These are the cases which hie away to the advertising quack for success. His cancer-plaster works miracles, and our man is soon about with scarcely a trace of the former sloughing sore. But the charlatan fights shy of palpebral-cancer, as its close contact with the eye restrains him from taking the case in hand.

In former times there were cogent reasons for those patients with labial-cancers refusing operative interference when milder and as efficacious measures would accomplish the same purpose. What they dreaded, particularly, was a pulmonary anesthetic. Most people after the meridian of life—about the time these growths appear—are undergoing degenerative organic changes, which are quite certain of aggravation by a saturation of the circulation with a lethal agent. In the near past, the extirpation of one of those neoplasmata was a formidable operation, not without many immediate and remote dangers to life. I have heard a distinguished teacher, at one of his clinics, warn his students, in those cases, "not to give ether to full anesthesia, as there was danger of suffocation, from the patient sucking the blood-flow into the trachea."

Besides, there was danger of wound infection, in those times. But now we operate painlessly, without hemorrhage and without wound pollution. So that an operation is stripped of many of its former terrors. However, it is yet an "operation," and anything which obviates this is what is in demand.

Galvano-cautery.—M. Darier, of Paris, regards the galvano-cautery as an agent which occupies the first rank, in skilled hands, for

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the prompt and effective destruction of epitheliomata of the face. (*Traitement de l'Epithelioma de la Face, Anvec la Presentation a la Societie de Dermatologie de Paris decinq malades generis.* Bulletin Générale De Therapeutique. 20 June 1893).

But he warns us that caution be observed not to carry the charring into healthy tissues. My own observations fully confirm the views of M. Darier, though Paquelin's thermo cautery has served me equally as well as the galvanic. When the parts are properly prepared and effectively analgized, this, in minor growths, or even large superficial ones, is the ideal. It is a powerful styptic and antiseptic; and, when properly applied, it need be used but once. Aseptic-dressings are now applied, which need renewal only after the thick hard crust is detached and a healthy granular surface presents.

It goes without saying that this expedient can be effectively utilized only in those papillomatous, warty masses, which lie on the surface or are so situated that corrosive chemicals cannot be safely employed.

Caustic Applications.—Of the number of caustic applications, their name is legion. The cancer quack is a ubiquitous character. He has been known in every age and in every civilized country. Escharotics are his main reliance. He attains his fame and perpetuates his progeny largely through human credulity, the carelessness or indifference of the medical profession, and lastly, but not least, because he effects many remarkable cures. He is not without fairly good judgment and penetrating sagacity, either. He won't promise a cure in all; and in not a few, he will decline his services altogether.

Not long ago, a lady came to me, who, one year ago, had her left breast amputated by a noted surgeon. In six months the disease returned in the axillary-gland in the same side, and in the opposite breast. She returned to the same surgeon again, but he, this time advised against further operation. Now the poor woman made her way to the sumptuous apartment of a notorious cancer quack, and female spiritualist. Madam assured her of a "prompt and perfect cure," but she must first have a medical certificate from some practitioner, justifying the operation. Of course she did not get it. In a month later she was dead.

In my own hands, caustic solutions or powders have effected the most satisfactory results. And now, even with our quite perfected operative technique, it is my conviction that, for all superficial epitheliomata of the face, no cutting operation should be for a moment entertained until caustic has been first intelligently tested. Indeed, I am convinced that if they are attacked, they can be eliminated without the severance of tissue.

But, what shall the caustic be, and in what form applied?

To this interrogation it must be answered, that judgment must be used in selection, for what will suffice in one case will not in another. To enter into a full consideration of this side of the question, would carry this essay far beyond its intended scope; but, in a general way, I may say, that in my own hands the acid-nitrate of mercury has been very satisfactory.

M. Darier, after preparing the surface, applies a solution of cocaine 10 to 100. Then the surface is imbued with a solution of methyline blue(one gramme to five each of glycerine and alcohol). After this has been well absorbed, a steel stylet is dipped into a solution of chromic acid (one to five) and carried over the surface, until the whole is stained a deep purple. Over this again, the methyline blue is applied. This in different cases is applied every three or four days, from two weeks, to three months.

I can personally testify to the efficacy of this plan, for with the cases in which I employed it, the effects have been rapid and brilliant.

Excision and Autoplastic Operations.—Excision of epitheliomatous growths of a peripheral character has been greatly simplified and stripped of many former dangers, by the use of cocaine, as an analgesic, modern hemostatic measures and asepsis.

The enucleation of a cancerous growth of the lower lip is now one of the easiest operations in surgery. Having prepared the field, cocaine solution is subcutaneously injected, the coronary arteries are temporarily closed by the transfixion-ligature, the patient sitting in a chair, immediately before the operator, is ready for the painless excision of the mass.

But, in those cases in which the disease has been permitted to erode the tissues and in which a large gap is left to fill in by a graft, as this operation is tedious and delicate, a pulmonary anesthetic has become necessary.

The recuperative energy of the tissues contiguous to epitheliomatous tumors of the face is remarkable. Prompt primary union is the rule, here, after excision.

Conclusions. 1st. Epitheliomata, papillomata and warty excresences of diminutive volume should be always disposed of by the thermo-cautery. In many of considerable volume, when so situated as not to admit safely of other measures, they can also be often reached and destroyed by this means alone.

2d. The field for the application of anhydrous caustics and the escharotics is large, in

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the treatmemt of fungating neoplasmata, on any portion of the face. And the analine dyes, used separately or conjointly with them, manifest a marked affinity, for malignant proliferation of cell-growth, wherever situated.

3d. While the immediate excision of a peripheral growth, wherever located, when not attended with extensive infiltration, over the facial organs should be now a safe and simple operation; as all have an instinctive dread of those procedures which entail the loss of blood. this feeling should be respected and we should not resort to it until other expedients have failed or are deemed inappropriate.

4th. For all this class of operations, cocaine-analgesia should wholly supplant pulmonary-anesthesia; the only exception is in those occasional cases in which hypodermication is impracticable, and those in which an autoplastic operation is demanded to fill in a hiatus and a tedious dissection is necessary.

I may here add that, for those who are desirous of famaliarizing themselves with the precise indications and technique of the caustic-treatment of epithelioma, the recent valuable work of Prof. A. R. Robinison (published by the International Journal of Surgery Co., William St., New York) is the most complete and practical that I am acquainted with.

Our aim in the treatment of all these cases should be to secure a painless operation, thoroughly eradicate the neoplasm and leave as little deformity as possible.

Practitioners should always exhort those of their *clientele* who present evidences of facial-epithelioma, to have it enucleated as early as possible, before infiltration has commenced and superficial sloughing has set in.

Modern science and scientific research have placed within the reach of all the wherewith by which, intelligently applied, any practitioner may successfully treat all cases within his circle, thereby obliterating a disfigurement, subduing pain and making life more tolerable.

THOS. H. MANLEY, M.D.
Visiting Surgeon Harlem Hospital.
302 West 53d St., New York.

Editor MEDICAL WORLD:—Having been a constant reader of THE WORLD for two years, I find it a source of much valuable information which is not obtainable elsewhere. I would as soon think of being without my complete medical library altogether as being without the "Physician's Friend," THE MEDICAL WORLD. I keep every number on file for future reference, and find them indispensable, any physician who does not read THE WORLD surely cannot appreciate the assistance of a high grade publication.

Boston, Mass. Wm. A. HALE, M.D.

Medical Practice in Syria.

Editor MEDICAL WORLD:—I have been requested by a number of your readers to write an article on "Medical Practice in Syria." It is difficult to so condense this subject as to fulfill the requirements of necessity imposed by you in your request that *all* articles to be printed in the WORLD *must* be brief and to the point. In beginning I will say that the most discouraging obstacle that meets a medical man educated in the occident is the atmosphere of fatalism that hangs over Syrian society. Everything is ordered; a man cannot escape from the decrees of a higher power. They give to a doctor no credit for skill manifested by him in his treatment of the sick. He gives medicine by the direct orders of an invisible power, and it is that power that makes the cure.

If a man does not get well, they never think to discredit the doctor's skill, it is not the will of God. So the most ignorant quack can ply his profession, and if he fails to cure, this fact is not attributed to want of skill, but it is the will of God. The query is why do they call a doctor? Because God must have an instrument to work through. After ten years' practice in Syria, I can say the medical side of the profession is very unsatisfactory. They say there is a remedy for every pain, a man can only know which particular remedy to give as it is imparted by God. If a man is ill, and he has an inclination to make use of a medicine, he should take it in the hope of its being predestined that it will cure him. This causes them to take a remedy that is decidedly harmful for him to take.

They must see a decided benefit at once, or they will refuse to take any more; you must listen patiently to every symptom, no matter how trivial. They may have had a pain ten years ago; if so, you must know of it; if you should show any impatience, and regard their story as of little import, they will cease to have any confidence in you; if you should prescribe for them they would refuse to take your medicine. This applies to the vast majority of the people. There are some who are intelligent, and it is a pleasure to treat them, but as I say in regard to the majority, their fatalism, superstitions and bigoted notions preclude a satisfactory practice among them.

In the coast towns and larger interior cities, where there are Europeans and natives who are educated either in schools managed by foreigners or by contact with the same class, the practice of medicine is more satisfactory.

It is the practice of surgery that impresses the native mind; this is something that they can see. An operation such as the removal of the

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opaque crystaline lens and gives a man sight after years of blindness lifts the skill of the doctor high above fatalism and superstition. Once let a doctor gain a reputation as a skillful operator and he can have just as much work as his inclination or strength will allow. The people are the best of subjects to operate on. They bear and recover from the most severe operation known to our art; they give you their fullest confidence, and are the most obedient and willing patients. It is touching what trust they have in a surgeon with a reputation. They are very temperate and frugal in all their habits. Diseases of the eye are very common; so are stone in the bladder, every known disease of the skin, including those of the west and some rarely met with there, such as leprosy and elephantaisis. Of systemic diseases there are malaria, typhus fever, cholera, rheumatism, small-pox, measles, erysipelas and diptheria. Strange to say I have not seen a case of scarlet fever. Bright's disease, that bane of civilization, is seldom met with. The land is overrun with quacks who burn, blister, bleed and dose the people into their graves. The government requires every man who holds a diploma to appear before the medical board at Constantinople, and qualify, but these miserable quacks ply their profession unhindered. One reason, perhaps, is that the former settle down in one place and the officials can enforce the law, while the latter flit from place to place, traversing a long distance in a few months. Then they do not charge much for medical treatment, and they usually belong to the "Holy" class and carry in their persons the "odor of sanctity" gained at Mecca and Jerusalem and other shrines; this gives the people confidence in their power to heal their diseases. Time will do much to change this state of affairs. I see a gradual change, as the people mingle more and more with foreigners, books and papers get into their hands, and the classes of doctors that are graduating annually from American Medical Colleges in Beyrout settle in the towns and villages throughout the land. In the future the land that gave to the world the first famous doctors, will again astonish the world by its progress in medical science.

Tripoli, Syria. IRA HARRIS, M.D.

Dr. Waugh's book "Outline of Treatline with Dosimetric Granules," is rapidly being exhausted. Only a limited number left. Send now while there is time. Price, 50 cents. Address this office. See Order Blank, page xxiv.

Polypharmacy.

Editor MEDICAL WORLD:—There is a prevailing idea that polypharmacy is a thing of the remote and indefinite past. Those who have access to the prescription files of an ordinary drug store are less sanguine that medical medleys are altogether obsolete. In confirmation of my position, I enclose an original prescription which was actually presented and filled (?) at a popular pharmacy in this city within the past year. I place this in evidence to show that polypharmacy, from the positive to the superlative degree, still lives.

I assure you that this document is not a burlesque, but a *bona fide* order for drugs to be taken by an invalid.

I should claim for this the championship among modern prescriptions, were it not that I am solemnly assured that the distinguished doctor who is the author of this has, on several occasions, when in good working condition, been known to excel this by at least a dozen distinct items.

It would be safe to offer a prize to the person who should rightly answer the conundrum, "What disease was this *farrago* intended to cure, and what the *rationale* thereof?" The patient herself cannot conveniently be appealed to for an answer, as she did not long survive the creation of this master-piece.

After building so elaborately, the *facilis descensus* is decidedly abrupt. "Dosis one dessertspoonful as often as required;" seems to give a pretty wide latitude for the inclination or need of the patient.

This prescription is but the logical outcome of those polypharmacal wonders, some of which in times not altogether remote, have been originated or endorsed by men of more or less eminence. It hardly becomes us to sneer at the Chinese doctor's commixtions, while giving approval to compoundings scarcely less wonderful, though perhaps more cleanly.

Even our dosimetric friends, while contending for alkaloids and simples, appear to be oblivious to the *number* of drugs which they use in rapid order. In a clinical report in a dosimetric work before me—the treatment bearing the seal of approval—I find that in two days the following drugs were used: aconitine, arseniate of caffeine, asparagine, benzoate of lithia, arseniate of strychnine, hydroferrocynate of quinine, hyoscyamine and hydrochlorate of morphine. I submit that this rate of medication is what Brother Jonathan would call "rather steep."

This whole subject is so admirably summed up by Dr. Welch, of New Jersey, that I feel that I am conferring a public benefit by trans-

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scribing what he says. If every young doctor, and some old ones, would read this "Golden Text" at every full moon, doctors and patients would be the better for it. He says:—

"The better the diagnostician, the simpler the prescription. The physician, confused by the disease, defends himself with a confusion of drugs. The less confidence he has in himself, the larger the army the general gathers about him, desiring to crush out by numbers, when his skill cannot avail."

I here append the prescription referred to:

R. Comp splavanduiæ veræ.....;.....ounces iii
Syr. Phosphatii Pherrii
" Limones
" Mellis clarif
" S illæ
Olelí Morrhuæ aa.....ounce i
" Anisii sem.....drams ii
" Sicis.....drams i
Vinli Aloe
" Pepsinii sacch
" Pherrii cit.
" Portense
" Gallicii genuine
" Xerieii aa.....ounces ss
Spts geneveæ
Spts nit. dulcis aa .....ounces i
Fl ext, caftis tripolia
Fl ext. Gentinia lutia
" Eupatorium Perfoliatum
" Juglans Cineraria
" " Niger
" Lappa minor
" Marrubin vulgare
" Hodras tiri aadis sis
" Rumex crispus aa .....ounces ss
" Podophyllum peltatum.....drams iii
" Ignatia amara.....drams i
So kalii bromid.....drams ii
Fac

Dosis—One desertspoonful as often as required.

Dr. B. H. P.

If any one with capital should seize upon this prescription, give the commixture a proprietary name, advertise it extensively for all "the ills that flesh is heir to," grow rich, aspire to high office, mayor, legislator, congressman, I trust he will not forget the author of his fortune, nor refuse him a becoming royalty on the production. BENJ. EDSON, M.D.

Brooklyn, N. Y.

Leprosy and Vaccination.

Editor MEDICAL WORLD:—My attention has been called to a brief but appreciative notice in THE MEDICAL WORLD of my recently published volume "The Recrudescence of Leprosy and its Causation," and I shall be glad of space for further explanation. It is needless to say that the question of the connection between vaccination and leprosy is one of urgent and imperial importance, and must sooner or later command the attention of every one interested in the public health and in the well-being of our vast colonial populations.

Evidence to show that there is such a connection was laid before the Select Parliamentary Committee on vaccination as early as 1871, by Dr. R. Hall Bakewell, then Visiting Physician to one of the largest leper hospitals in the West Indies, and Vaccinator General for Trinidad, but the idea was pooh poohed by the chiefs of the Poor Law Boards of that time (who had probably never seen a case of leprosy amongst them), and the evil was allowed to go on unchecked until it has reached its present alarming dimensions. Evidence of a much wider experience has been laid before the Royal Vaccination Commission now sitting in London under the presidency of the Lord Chancellor.

The eminent bacteriologist, Dr. Edward Arning, of Hamburg, who spent three years in the Sandwich Islands studying the causes of the serious increase of this scourge, says, in a paper read before the Berlin Medical Congress in 1890, and published in January 1891, on the transmission of leprosy, that a very remarkable local accumulation of fresh leprosy cases took place in 1871-72 at Lahaina, on the island of Marie Hawaii; about a year after a general arm-to-arm vaccination, from fifty to sixty casses occurred suddenly in this locality which up to that time had been comparatively free. Evidence pointing in the same direction has been given with particulars of cases of invaccinated leprosy by Professor W. T. Gairdner, M.D., F.R.S., of Glasgow, Dr. John D. Hillis, of Demerara; Professor Montgomery, of San Francisco; Dr. Roger S. Chew, of Calcutta; Dr. S. P. Impey, of Robben Island, South Africa, and other well known authorities. Dr. Arning, Dr. Hansen and Professor Montgomery discovered the leprous bacilli in the virus of vaccinated lepers.

At a meeting of the microscropical Society of Calcutta reported in the *Englishman*, of Calcutta, 23d December, 1890, Dr. W. J. Simpson read a paper on the Bacillus Lepræ. Dr. Simpson said he had vaccinated three lepers with vaccine lymph, and had found the bacilli in very large numbers in the lymph obtained from the pustles formed on these patients. He had blistered a patient over a leprous tubercle and got bacilli in the serum from the blister, but they were not nearly as numerous as in the vaccine lymph. As all bacterial diseases are inoculable these experiments show the danger of vaccination.

I am aware of the numerous attempts (in my judgment most cruel and unwarrantable) to inoculate human beings with leprosy and syphilis *per se*, and of the alleged negative results. The late Dr. George Hoggan, who had given many year's close attention to the subject, maintained that if the leprous virus is mixed with vaccine lymph as in the process of vaccination, the transmission is easily made, and this will account for the alarming increase of leprosy in

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countries where leprosy is endemic and where vaccination is enforced. About 120 pages of my volume with high medical testimony and particulars of numerous cases of invaccinated leprosy, are devoted to this part of the case.

During my visit to Hawaii in October, 1890, several members of the Honolulu Legislature and other influential residents begged me to make known the facts concerning the special danger, and to assist them to get rid of a medical ordinance which was neither adapted to the native race nor to their climatic conditions, and was decimating the population with the most hideous and destructive of human afflictions. Allow me to conclude by thanking you for calling attention to the subject through your influential columns. WILLIAM TEBB.

Devonshire Club, St. James's London.

Simple Method of Treating and Curing Hernia in Infants.

Editor MEDICAL WORLD:—I noticed in the August number of THE WORLD, page 267; E. L. Strode's method of treating infantile hernia, all of which is quite practical. I have cured a goodly number of cases of hernia, both inguinal and umbilical, in infants, and as I use no truss and my method is simple and cheap, I will give it, hoping it may be of benefit to some of the brethern. It is simply to make a round ball of beeswax large enough to completely fill the ring, then cut the ball directly through the centre; you then have two pieces of equal size, with one oval and one flat surface. Now reduce the hernia, and place one of the pieces of wax in the ring with the oval side down, and if youreturn the gut all well up in the abdomen, the wax will completly fill the ring, and the top or flat surface will be on a line with the skin. Next take a piece of rubber adhesive plaster two to three inches square, and place over the hernia, being careful that the wax is about the centre of the plaster. Now have the mother put on the diaper and then fold a napkin and place under the diaper so that it will make firm pressure on the ring. This appliance can be worn until the plaster comes off, and then replace it with another plaster. If the hernia be umbilical, a bandage around the body can be worn, with the napkin compress. The point of advantage this method has over trusses is, that it always stays where it is placed (if properly applied) does not irritate, and almost always cures the hernia if applied before the child is old enough to creep or walk. Several years ago, I called on Mrs. S., a cousin of mine residing in Chicago, who, I had understood, had a child with a very bad inguinal hernia. I found a child (female) nearly one year old, and I must say that I never beheld a more pitable object. The child was emaciated almost to a skeleton, and weighed no more than when born. I found on the child a steel truss resting on the gut. As I had no time to stay and see the attending physician and as the parents were intelligent, I described my method to them and they in turn described the same to their doctor, and he applied the wax and plaster as above described, and the child began to improve *at once*, and in the course of a year became as large and strong as the average of children at two years of age, with no sign of hernia, and to day is a strong healthy girl.

W. C. SMITH, M.D.

Franklin Grove, Ill.

An Universal Febrifuge.

Editor MEDICAL WORLD:

℞ Liquoris ammonii acetatis recentis.
Spiritus ætheris nitrosi.
Tincturæ opii camphoratæ.
Syrupus simplicis.....aa ounce ss

Mix. Dose, one or two teaspoonfuls every two hours in a little cold water.

Here is a valuable mixture which has served me well during the past thirty years. With it alone I often supply the place of many other drugs.

Note the extent and variety of its usefulness. It is mildly stimulant to the arterial system, is diuretic, diaphoretic, expectorant, refrigerant, anodyne, sedative, nervine, antacid, and antispasmodic.

It is harmless, and perfectly safe in the hands of the ignorant and careless. There is no danger from overdosing the patient during the physician's absence.

It can be used beneficially in all cases of febrile disease, and is contra-indicated in none. It has no untoward after effect, will mildly stimulate the kidneys, clear up high-colored urine, allay thirst, and quiet agitation. It is particularly valuable in all cases of febrile disease in children, very often no other medicine need be given. It is not unpalatable, but should some cases object to the taste, omit the paregoric and proceed as before.

Additions can be made to suit special indications. In cases of acute bronchitis, coughs and colds, substitute compound syrup of squill for the simple syrup. Where there is diarrhea in children, use syrup of acacia.

In high febrile reaction add thirty to sixty drops of the tincture of aconite root.

In severe myalgia add one drachm of the tincture or fluid extract of gelsemium.

In pneumonia add one drachm of Norwood's tincture of veratum viride.

For erysipelas add one or two drachms of the tincture of jaborandi.

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For weak heart add the tincture of digitalis or cactus grandiflora.

Where there is much gastric irritability in infants, administer between the doses, one or two grains of oxalate of cerium combined with one sixth of a grain of calomel.

Any of the dosimetric granules can be given in this medicine.

It has been truly said, "have few remedies and study them thoroughly." This mixture will improve upon acquaintance.

There is one cardinal point physicians should ever keep in view when commencing the treatment of disease, viz., mildly stimulate the kidneys. I have found the above answer my purpose best. W. J. CRAIGEN, M.D.

Cumberland, Md.

Analgesine.

Editor MEDICAL WORLD:—It may seem superfluous at this time, when the market is already overcrowded with a constantly increasing list of new analgesics and antipyretics, to offer another to the profession, but I have no apology to make for submitting for the consideration of the readers of THE WORLD my formula for "Analgesine," believing that a careful trial will furnish convincing proof of its superiority over all combinations of this class.

All the hitherto offered combinations of the coal tar series possess some degree of merit, but there are serious objections to be raised against the vast majority of them. The arterial and cardiac depression following the use of the majority of them, the exorbitant price asked for them, and the secrecy of their component parts and process of manufacture are all serious objections to their use.

Several secret compounds of this nature have achieved a great degree of prominence and popularity and have been highly lauded at the hands of the profession who have, no doubt, prescribed and endorsed them. Without thinking what they were doing, and upon demanding the correct formula were looked upon with derision and scorn, as the proprietors of these secret nostrums refused to divulge anything whatever relative to their component parts and manufacture, and some of them have even gone so far as to claim for their product a definite chemical combination, whereas a chemical and microscopical examination revealed a crude mechanical mixture. How many of these same physicians who are daily using and endorsing these mixtures would if called upon use and recommend "Paine's Celery Compound" "Simmon's Liver Regulator" or "Hall's Catarrh Cure"? Not one; but they have never looked upon the matter in this light.

With these highly important objections in mind, during the latter part of 1891 I commenced a series of experiments with the various synthetical products on the market, with a view of devising a combination to replace these secret nostrums, and after thorough therapeutic tests conducted by myself and a great many of the most prominent contributors to THE WORLD, (for I supplied a great many of them with samples and asked them for an honest opinion and also suggestions,) I am glad to say that I have been eminently successful, and can offer this combination to the profession with full confidence in its merits, knowing full well that a thorough trial whenever opiates are indicated, whenever there is an increase of temperature, or whenever there is pain, will be productive of the most gratifying results. The indications for the use of this combination are very numerous, but this arises from the fact that it strikes directly and effectively, *without bad results*, at the two most characteristic symptoms in disease viz. fever and pain, and with these two important points well under control, the physician's battle in acute attacks is nearly won. In a great many cases it is a succedaneum for morphine, but acts without stupefying your patient or impairing the tactile sensibility, and no habit intervenes by its prolonged administration to lessen the satisfaction derived from its curative powers. It stands at the head as a safe and effective antipyretic, as its exhibition produces no depression, cardiac or arterial, cyanosis, or any evil after effects.

Analgesine, as mentioned above, is a combination made up as follows:—

Acetanilid	grains iij
Chloride of ammonium	grains j
Citrate of caffeine	grains ½ (ss)
Bicarbonate of sodium	grains ½ (ss)

It should be very finely triturated and kept in tin or glass containers, but I would advise all those desiring to give it a trial to order the five grain tablet from John Wyeth & Bro., Philadelphia, or the Searle & Hereth Co., Chicago, as they put it up in tablet form almost as cheap as the crude material can be bought, and then it is much more convenient for dispensing, and their names are an absolute guarantee as to the purity of the drugs used in its manufacture.

It is soluble to a small extent in cold water, more soluble in warm water, highly soluble in alcohol, chloroform or ether, and rapidly dissolves in the juices of the alimentary canal, diffusing rapidly into the blood.

In order to obtain the fullest effects of analgesine as an antipyretic, it should be exhibited at the point of maximum elevation of tempera-

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ture, as it possesses the power of reducing fever heat, while not affecting bodily temperature—no antipyretic action taking place unless fever is present. The reduction of temperature usually begins in from one to two hours, and the effect is maintained for four to twelve hours. As it lessens the conductivity of nerves, depresses the reflex centers, it has a hypnotic action when exhibited in medicinal doses.

This was first brought to my attention by Dr. Ben H. Brodnax, of Brodnax, La. It can be given in doses ranging from five to fifteen grains with the utmost safey—the dose to be governed by age and idiosyncrasy of the patient. It is best administered in capsule or powder followed by a swallow of wine or water, and from twenty to eighty grains may be safely exhibited in twenty-four hours.

Falls City, Neb. CHAS. L. KERR., M.D.

The Use of Patent Medicines in the Nursery.

Editor MEDICAL WORLD:—Any physician who has failed to come in contact with one or all of the extensive advertised colic medicines or soothing syrups has been very fortunate not to have his little patients drugged sick with these common opiates or chloral mixtures put up to produce sleep, or quiet a fretful child before it is a week old. The vast harm these agents are doing is something never to be estimated. Almost before the baby is born, some over generous friend has obtained some colic medicine to pour into the child at the first cry after arriving in the house. In many cases if the child should escape the good lady friend of the mother or aged nurse, the mother grasps some agent of the patent character and fills her child full in order to get a good night's rest.

The action of opium and chloral on a child is too well-known to the physician to go into any detail here. From its action the child is constipated, does not nurse well, fails to grow, is very fretful when awake, restless, and all manner of ill feeling is produced in the child when once the habit is formed for the opium. But without it the mother says the baby cannot live, it sleeps so well on its use.

So the mother goes on giving bottle after bottle of the dangerous stuff until the expense becomes a burden or some friend calls a halt and informs her of the danger of its use. The trouble to the mother and the suffering of the child when the stopping thus comes can only be described by the mother or her physician. It means three or four days of a wakeful, fretful child, nursing and carrying in the arms of its mother, loss of weight, etc.

I had a case of this kind only a few days ago; a mother has been giving her two months old baby a well-known colic medicine at the rate of three or four doses a day; it had taken six bottles in four or five weeks. I told her to call a halt, and indeed the child gave her so much trouble, that she almost got discouraged, and it was a battle of about two weeks, but now only four weeks since the stuff was stopped her child has gained much in weight, is sleeping better than before, and is a far better baby in all respects to have in the house, and the mother is now a very happy one. As little is written on this subject, I feel it a duty of every physician to look into this matter, and see what his child patients are getting and warn the mother before she has gone too far in this matter.

Discourage their use in all cases. If you can find no recipe for colic give spts. etheris comp. in drop doses; there is no danger of the child getting in the habit of taking it. If colic occurs often look after the digestion.

Lactopeptine or sacch. pepeint will cure most cases. These agents will tide almost all cases over the common days of colic and the little one will be far better. Hoping that this short article will be of use to some one, I remain a student of the MEDICAL WORLD.

OLIVER W. H. GLOVER, M.D.

Laurelton, Pa.

Extensive Destruction of Cellular Tissue Over Penis and Testicles.—Recovery.

Editor MEDICAL WORLD:—On April 6, 1893, I was called to see D. M., aet twenty-six, married, with two children. Had never had any veneral disease, general health had always been good. He gave me the following history:

Four days previous to my visit the patient, while walking a foot log spanning a creek, slipped and fell astride the log with considerable force. At the time of the fall he had a heavy load on his shoulders.

On my visit I found him with a temperature of 105°F., pulse 128, skin dry and hot. excessive thirst, anorexia, had a severe chill three hours previous to my visit.

I ordered a sponge bath, and gave antipyretic doses of quinine and acetanilid, and gave a cathartic.

On my visit the following morning I found the foregoing symptoms much abated, but there had appeared since my first visit a small swelling about the size of a hen's egg in the perineum, quite soft, fluctuating slightly. Urine decreased somewhat in amount, and there was some pain while urinating. I estabiiahed a diagnosis of rupture of urethra posterior to the triangular

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ligament, with consequent extravasation of urine.

Under an anesthetic I made a number of incisions in the swelling. A yellowish colored liquid with a decided urinary smell, ran freely out of the punctures. This gave great relief to the patient.

However, this together with my antiphlogistic and antiseptic treatment, did not suppress the spread of the extravasation and consequent inflammation.

These two conditions progressed steadily for three days until the inflammation had reached a high degree, pain was quite severe and the sack swollen to the size of a cocoanut. At this stage I again anesthetized the patient and made a dozen or more punctures over the sac, and again the some kind of liquid was discharged as above described. Again the patient experienced immediate relief.

The penis was swollen so badly now that it was necessary to use the catheter several times a day to empty the bladder.

About this time the skin over these organs began to show signs of discoloration and death and for the next ten or fifteen days there was a steady, progressive suppuration.

The integument over the entirety of the penis and testicles sloughed entirely off. Sometimes I would remove sloughs as large as the palm of my hand with my scissors.

The discharge was very offenseve.

My only treatment now consisted in iodoform sparingly, and bichloride solution one to 2000.

Recovery was complete by June 1st, when the patient returned to work.

I thought for a while that I would have a nice case for skin grafting, but nature did the work first and of course much more successfully.

No trace of the lesion can be seen.

I would like to hear the experience of the many readers of the WORLD.

Robbins, Tenn. B. G. ALLEN, M.D

A Large Pair of Twins.

Editor MEDICAL WORLD:—On August 3rd, 1893, I delivered Mrs. F. B., age 36, of a pair of twins, male and female; the boy weighed 9¾ pounds and the girl 8¾ pounds, both in hearty condition and are doing well since. There were two cords and one large placenta.

Rupert, W. Va. L. RUPERT, M.D.

"MONEY TALKS."

Dr. J. J. Taylor.—Allow me to say in regard to the "Physician as a Business Man," that I received $5.00 of value from it, ere I had the book fifteen minutes.

Yours very truly, GEO. S. HAZARD, Ph.G., M.D
1 Blue Hill Ave., Boston, Mass.

Spina Bifida—Obscure Pelvic Inflammations.

Editor MEDICAL WORLD:—On the 29th of August my wife gave birth to a girl baby, and it is interesting from the fact that nine of its vertebræ have failed to enclose the cord, thus making a dreadful form of that incurable trouble known as *spina bifida*. There is no skin to cover nature's defect; only a thin, delicate membrane hides the cord from view. The baby's head is rather large, and its sutures and foutanelles are unduly patulous Its legs are paralyzed. In short, its osseous system seems to have been considerably wrecked some where along the line of its development. In spite of the above deformities the baby is peart and seems to be doing fairly well.

This case is interesting to me from the fact that it is in my own family, and if it is interesting to my professional brethren I'd like to have them write their experience and knowledge in regard to the causes of such cases, especially if maternal impressions have anything to do with it, how and at what stage of pregnancy.

My understanding is that spina bifida, hydrocephalus, hypospadia, harelip, cleft palate, and hermaphrodism are brought about by variations of the same cause or class of causes. As a general rule we cannot remedy such cases, and if possible I'd like to get some information in regard to the causes of such and avoid exposure to them. I'll write again and give the result in the above case.

PELVIC INFLAMMATIONS.

It seems to me that of all troubles we, as general practitioners, have to treat, there is none more difficult to diagnose and treat than those within the female pelvis. We have specialists who claim the ability to diagnose almost all forms of female diseases, whether in the uterus, tubes, or ovaries. but general paactitioners are very often at a loss to know just what they are dealing with. A majority of our patients are not able to bear the expenses of a surgical operation, and, if they were, would not submit to it; therefore, we have to cure them with medicine, and often without knowing what is the matter.

Recently I've dealt with a number of inflammatory conditions of some of the pelvic organs, and had a fair chance to become disgusted with most of the lines of treatment laid down in the books. They tell us to use opium, keep patient quiet, put on poultices, and occasionally a blister. Opium locks the bowels and helps to keep up the congestion. I have very little faith in either poultices or blisters. Keeping

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the patient quiet seems to be almost indispensable. Saline purgatives seem to give relief for a few hours, and then the pain is resumed. Nothing I find works so well in that class of cases (for they are generally subacute) as sulphur. If the bowels are very costive combine Rochelle salt with the sulphur, equal parts, and give half teaspoonful three to five times daily. It will have a laxative, anodyne and alterative effect, and will not be objectionable to the patient. If there is loss of appetite and vitality the sulphur may appropriately be given in whisky. Copious vaginal injections of water as hot as can be borne will have a good effect. Try the above when your patient will not let you cut out the ovaries and tubes, and in a week I think she will be better. This letter is intended to give my experience in treating only obscure cases of pelvic inflammation.

J. J. WALLER, M. D.

Oliver Springs, Tenn.

A Rare Case.

Editor MEDICAL WORLD: On the 29th of August, 1893, at four o'clock Benjamin E. Neil, twenty-five months old, fell from the spring seat of a two-horse wagon with side-planks, and nearly full of corn. The hind wheel of the wagon passed directly over his loins, his face being towards the ground. He was brought immediately to the house. His breathing was difficult; he uttered no cry, but labored for breath. Physical examination revealed a red mark across the back just above the hips. No spinal lesion discoverable, but inguinal herniæ prominent. After a turpentine liniment, which was sitting on the mantel, had been applied, his body was enveloped in a wet compress, and under the contracting influence of cold water the herniæ were easily reduced. A dose of codeine was given, but the pain continuing, resort was had to syrup of morphine for its anodyne effect. His sleep during the night was disturbed. Frequent groans and sighs were heard. It was now seen that he could turn himself. On awakening in the morning he spoke about his getting hurt, and would put his hands on his back and groins as the painful spots. He soon called for food, and was allowed half a teacup of milk. He had neither urinated nor defecated, but in response to warm applications to the lower bowels scanty urination followed with no blood. He desired several times during the day to have the bed pan, but was unsuccessful in emptying the bowels. So in the afternoon of the 30th an enema of warm water was given—still without success. This was soon repeated which resulted in a fecal discharge without blood. During the night his nose had bled slightly.

On the third day the swelling in his body was considerable. The heat, which had been mostly confined to the spine, now extended to the entire body, making a temperature of something over 100° F. Vomiting ensued but by constant application of cold without and within it ceased in a few hours. Since that time to the present, Sept. 16th, there have been no untoward symptoms. I desired him to remain in the horizontal position for one month, but his improvement has been so rapid that, with the support of porous plasters, front and rear, and a closely-fitting bodice with thigh straps, the parts are held in such adjustment as to allow him to take the erect posture. He is beginning to walk, and to go out driving.

The little fellow is cheerful and happy, and we hope for his complete recovery.

JOHN F. NEAL, M. D.

Coperas Cove, Tex.

Poisoning by Concentrated Lye.

Editor MEDICAL WORLD:—A child fourteen months old was brought to my office shortly after drinking lye. Vomiting began immediately and continued from 7 A. M. to 11 A. M. Some blood was thrown up; boy was anxious to get drinks but could not swallow them. In the afternoon vomiting ceased. He was asleep a good portion of the time. When awake he tried to drink. The two ladies waiting on him thought he swallowed some water and milk occasionally. His temperature, taken once, at 3 P M., was 102°. He seemed to be failing during the latter part of the day, and died next day at about 8 A. M. Vinegar was given, the redness of mouth changed to white on giving it. Sweet oil and then water and milk were also given.

On that day I was introduced to a Methodist preacher, who, at my request, wrote me as to his experience from drinking lye. The following are abstracts from his letter:

April 9, 1881, I, J. W. G., after eating a hearty supper, drank, by mistake, concentrated lye. It burned me very badly; I walked ten feet to the well—finding no water drawn I was overcome by pain and fell to the ground. Father drew a bucket of water; I could not drink. The burning of fire could have been no worse. I was so swollen that buttons had to be bursted off my clothes; I rolled around on the bed and began to vomit, which lasted till 2 A. M. The last time brought half tea cupful of blood. The doctor came 6 A. M. Mother gave me cream, then butter and sweet oil.

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Docter gave vinegar, which came near choking me to death. I suffered great pain and could not speak aloud. On the ninth day my throat closed. Hot cloths were applied and a tablespoonful of kerosene oil taken. In thirty minutes I took a drink of water.

After a lapse of a month the doctor said to take horseback exercise, which I did. After driving stock on a firey horse I was greatly jolted and worried, from which I took inflammation of the stomach. The doctor had almost given me up when I took the unbroken yelk of an egg raw, which was the first thing retained on the stomach in nine days. I then used nine eggs all along for three years, but could take no solid food.

For the first year I suffered untold pains, sometimes going two or three days without food. For these spells I used flannels wrung out of hot water, or mustard applied over the stomach. I often took a few drops of turpentine or kerosene oil. Sometimes a tablespoonful. Doctor proposed introducing probang, which was not allowed. I conceived of a better plan, which was chewing food like a well person, and swallowing, but it would go so far and then come back. This I did for over a year. Finally the doctor advised to smoke tobacco. It seemed to relax the structures. With that I began to improve. I have quit the use of tobacco several times, but soon have been forced to use it again."

The preacher neglected to give his age. He talks in a strong voice and can preach two or three sermons a day. He is a strong built, healthy-looking man. At times his throat troubles him yet. The boy did not suffer any pain from the time I saw him. Likely he did at first, as he cried. He may have taken a large quantity, as the tin cup was half full. The preacher was cautioned that "the vinegar" was strong. His sister gave him lye instead of vinegar for a sore throat So he did not take much.

Questions: 1. Did the lye get to the stomach, if it did, why was not inflammation set up at once instead of at the end of a month? Would the hearty supper account for anything?

2. What will be the end of the case?

3. Why did the little boy vomit immediately after drinking lye?

C. H. DONNELLY M.D.

Utopia, Texas.

[It is of no benefit to give an acid in the treatment of such cases after a considerable period of time has elasped after drinking the alkali. The object in giving it is to neutralize the alkali. This, of course, cannot be done if the alkali has already had its full effect upon its tissues, and thus no longer exists as an alkali. The cauterized tissues are only further injured by being subjected to the irritation of a strong acid. It is doubtful whether any benefit can be derived from the use of an acid after three minutes have elapsed after the accident. Bland and soothing applications only should be used instead.—Ed.]

"Continued" Fever.

Editor MEDICAL WORLD:—In different medical journals during the past few years I have read communications from many physicians from many parts describing a continued fever of doubtful origin. In the *Nashville Journal of Medicine and Surgery*, March, 1885, can be found a highly interesting and instructive article on the subject written by B. Frank Humphreys, of Hawkins, Texas. He calls it *continued malarial fever*, and in my opinion he is correct. The article can be read with profit by all who have it to deal with Space will not permit lengthy quotations from his writings, only a few words from his treatment.

"If quinine, as has been supposed, is specific for all forms of malarial fevers, there would be little necessity for any remarks upon the special treatment of this fever. That quinine is powerless in breaking up the fever under consideration there is abundant evidence from experienced physicians who have treated hundreds of cases. . . . . .

"The milder cases, where the temperature does not rise above 103°, or when it varies from 100° to 102° with all of the other symptoms of a mild attack, may run their course without therapeutic interference, and terminate favorably. These mild cases seem to do better without medicines of any kind, as the patients seldom complain or appear to suffer.

"It is the more violent attacks which require special attention, a morning temperature of 104° or 104½° followed by an evening exacerbation of 105° to 106° etc., etc.

"Quinine may be considered our sheet-anchor in continued malarial fever, when a very high temperature prevails.

"It *will not abort* the attack yet, if given in the proper manner and quantity, it will reduce the temperature to a degree of toleration and safety. . . . . .

"*The temperature must be kept down to a degree of toleration and safety even if it requires sixty grains or more at a single dose.*" Etc., etc.

Experience on the same line of treatment will show his opinion to be right. Nor is there any drug which can take the place of quinine in these extreme cases of continued fever.

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A short article by Dr. Hickman, of Delta, Penn., in the *Med. and Surgical Reporter*, Jan., 1882, first suggested to me the value of quinine in continued fevers of this character.

DR. JOHN H. BURCHMAN.

Evanston, Ill.

[We should desire to ask the doctor if he has ever tried *any other treatment* than quinine in this disease? From the tenor of his own article, the disease has not been markedly influenced at all by the treatment he recommends. Then why not try some other suggested line of treatment and see if it will not do better? Why not try some good intestinal antiseptic supplemented with saline laxatives and use the defervescent remedies, aconitine veratrine, digitaline, and arseniate of strychnine to reduce fever? Those who have used this method, (first suggested in this journal) say that most cases commence convalescing within a very few days and that the few more obstinate cases run a mild course, never manifesting the typhoid condition. We grant that this method is yet under trial and has its spurs yet to win, but we think that it is worthy of consideration and trial.—ED.]

A Word as to the Pathology of Slow Fever.

Editor MEDICAL WORLD:—At the time of preparing a short article on *slow fever* for the August number of THE WORLD, I was aware of having written it too hurridly, for which offence I hereby make all due apologies. However, if I had not been conscious of my offence then, when I read Dr. C. H. Slagle's article in the current number of THE WORLD I should have stood convicted.

Very certainly I did not intend to convey the idea that the diagnosis of *enteric* was rejected, because there was no petichia, was not amenable to quinine, and was of too mild a type. As neither one of these symptoms is essential in enteric fever. The gurgling or crepitation I do consider essential. I have never seen a case of enteric fever, be it ever so mild, when there was not more or less tenderness and crepitation under pressure over the itic-cecal valve. I have seen scores of cases of enteric fever when there was no eruption. I have seen as many "walking cases." As for their being amenable to quinine it cannot be said to mean anything, one way or the other. In these slow fevers I have never found any tenderness or crepitation in the right hypogastrium. I infer from that one fact, that there is no complication of the glands of Peyer. Can an enteric fever exist without their involvement? I am quite sure the doctor would answer, No. Or will the doctor inform us if in any case when there was *no tenderness nor crepitation* under pressure, over the right hypograstrium, where he made a post-mortem examination, and from the characteristic lesions of enteric fever?

Dr. Slagle will please understand that this is not written to establish my preconceived views, nor still less, to get the better of an argument, but simply in the interest of humanity, and the noblest profession in world, the science of medicine. I appreciate the kind spirit of the doctor's criticism. I am always open to correction if I am in the wrong. J. D. BRUCE.

Green Cove Springs, Fla.

Malarial Fever.

Editor MEDICAL WORLD.—According to your request in August issue. I give you my mode of treatment with very little or no quinine. Without differentiating between the types (*quotidian, tertian or quartan,*) if the stages of chill, high temperature and diaphoresis are distinct, I give two doses of sodium nitrate grs. xv-xxx (according to age), the first dose, about three hours before the expected chill, the second immediately as soon as the symptoms of the approaching chill appear. When the chill is over and fever sets in: jaborandi (a trustworthy preparation) drams j in one half to one tea-cupful of hot milk or water to be taken in sips in quick succession. This is left off, if the second stage is not distinct.

If there is much headache: Acetanilid grs. v., mixed with sweet cream or molasses, and repeated in three hours if necessary, usually gives relief. After the fever has subsided: I usually give a powder composed of:

R. Strychnine Sulph.....gr. ½
Podophylline gr. .....gr. ii
Capsicum Pulv.,
Ginger Pulv.,
Quinia Sulph.,
Cinchonidia Sulph. .....aa grs. xx

M. Filled in No. 2. capsules, three capsules to be taken during apyrexia within twenty-four hours until cured.

and a mixture:

R; Extr. Eucalyptus.....drams ij
Tincture Helianthus annus (made from recently dried stems, leaves and flowers of the plant, packed tightly into a jar, covered with home made peach brandy; macerated for six days, pressed and filtered.) Ounces j. glycerine and syrup aa., ounces j., aquæ ounces iv., a teaspoonful every three hours regularly, until the fever is stopped and for several days afterwards a dose three times a day.

Children usually do without the capsules.

In cases showing a yellow or brownish coated tongue, yellowness around the mouth. I do not give the sodium nitrate, but commence with the helianthus mixture, to which is added sodium sulphite drams ii, nux vom. (specifict inct.) gts. v., and in place of the capsules. Carbozotate of ammonia; grains ⅛-¼ every three hours during apyrexia.

If the first stage (chill) is lacking, I add

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sodium nitrate drams ii-iii to the helianthus mixture and do not give it separately.

This treatment has for several years served me very well.

Being a subscriber of THE MEDICAL WORLD for over nine years I as eagerly look for its visit to-day, as I did since I received its first copy, and do not leave a single line unread. May it continne and prosper on its independent, practical style for many years to come.

DR. THEO. HERMAN.

New Offenburg, Mo.

Yarrow for Dysentery.

Editor MEDICAL WORLD:—In the September number, under the title of "New Remedy for Dysentery," Dr. Cline of Woodstock, Va., reports a case of dysentery cured by an infusion of yarrow leaves after the failure of all other means employed.

The use of "Yarrow" or "Millefolium" may be a new measure to Dr. Cline and many other old school physicians, but it has been employed by homeopathic physicians in "certain forms" of dysentery for more than *twenty years*, see *New England Medical Gazette*, Vol. 9, 1874, If the doctor will examine "Hering's Guiding Symptoms, vol. VII." he will not only the indications for its administration in dysentery but also in many other acute and dangerous troubles especially hemoptysis and other hemorrhages.

This remedy is an extremely valuable one, and has been used by the homeopaths for more than a quarter of a century. Dr. Cline deserves much credit for bringing it to the notice of his colleagues. It is but *just* to say that this is a *new* remedy, only as it applies to the therapeutics of the old school.

Kokomo, Ind. A. W. HOLCOMBE, M.D.

[Yarrow is but an old remedy, used for many centuries, and by all schools of medical practice, a fact which Dr. Cline only neglected to mention. Its properties and uses are fully set forth in all our dispensations. It has been allowed to fall somewhat into disuse. We cheerfully publish Dr. Holcombe's courteous letter, at the same time disclaiming any recognition of "old school," "new school" or any distinct "pathy" whatever. THE MEDICAL WORLD stands for medical science and the medical profession without any sectarian divisions.—ED.]

Editor MEDICAL WORLD:—"The Physician as a Business Man" is a library in itself. No doctor can afford to be without it, even though it should cost ten times the price asked. Cash dollars represent its value to me to-day. LOUIS F. HIGH, M.D., Woodburn, N. C. Price $1.00. See Order Blank, page XXIV.

Non-Fatal Heart Wound.

Editor MEDICAL WORLD:—I notice on page 271, of the August issue, a letter from Dr. Cox, Mt. City, Tenn. In it he describes a bear's heart with a rifle ball encysted in the left ventricle, and also invites a report of anything similar.

In the winter of 1866-67, while attending Bellevue Hospital, New York, I saw a very similar case presented at a meeting of the Pathological Society, The specimen was a human heart with what was evidently an old-fashioned spherical rifle bullet considerably flattened, imbedded in the wall of the right auricle. On the inside the endocardium was perfectly smooth, giving no evidence of the foreign body on the other side on the outside the tissues were closely adherent all around the circumference of the bullet.

The man from whom this specimen was obtained, had lived many years after receiving the wound, and died from another cause.

I do not remember by whom this specimen was presented, but I have no doubt it has been recorded about the time mentioned.

This appears to me to be a greater cause for surprise than the case mentioned by Dr. Cox, as the walls of the auricle of the human heart are very much thinner than the ventricle of a bear.

WM. GRAHAM, M.D.

Brussels, Ontario.

Another Case.

Editor MEDICAL WORLD:—In reply to the inquiry of L. L. Cox, M.D., I would say that a similar instance has come to my notice. In the winter of 1889, while giving his usual course of lectures in Anatomy in the University of Michgan, Prof. C. L. Ford, M.D., exhibited to the class of medical students, the heart of a deer which had imbedded in its walls a rifle bullet, which had become encysted. This specimen was then in the possession of Dr. Ford, but now may be seen in the Anatomical Department of the University of Michigan.

W. M. PAYNE, M.D.

Suttone Bay, Mich.

Other Cases.

Editor MEDICAL WORLD:—If Dr. Cox will look in Frank Hastings Hamilton's Principles and Practice of Surgery, Second edition, pages 107 and 108, he will find that Dr. Samuel Purple of New York City, furnished a resume of twelve cases of gunshot injuries of the heart, in which the patients survived, from forty-four to sixty-four years.

Also he says that he has or had in his

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possession the heart of John Kelly, containing a round musket ball which lies encysted in the apex of the right ventricle, and which was received twenty years before his death, and was not the immediate cause of his death.

Colfax, Ind. H. J. COON, M.D.

Neutralizing Cordial.

Editor MEDICAL WORLD:—Upon the 732d page of Dr. Wooster Beach's *Family Physician*, is the following formula:

"*Neutralising Mixture, Neutralising Cordial or Physic.* Take of rhubarb pulverized, saleratus pulverized and of peppermint plant pulverized, equal parts. To a large teaspoonful add half a pint of boiling water; when cool strain, sweeten with loaf sugar and add a tablespoonful of brandy.

"*Dose.* One or two tablespoonfuls every quarter, half, or one or two hours, according to the symptoms.

Use. This is one of the most valuable preparations known for cholera-morbus, cholera-infantum, or summer complaint of children, diarrhea, dysentery, etc. Its operation and action appears to be specific, if not infallible. It is excellent for pregnant women, to allay sickness and regulate the bowels."

In later times some have substituted bicarbonate of soda for saleratus, and spearmint for peppermint.

To the old line of eclectic physicians, this formula has been almost as a sheet anchor. Simple as it is, evoking derision from others, its use has made it popular. If good can come out of Nazareth, and babes can receive wisdom as well as the wise and prudent, there may be a world of benefit yet for many to derive from a careful study of the works of Wooster Beach and those who yet cherish his doctrines.

ALEXANDER WILDER, M.D.

5 North 11th St., Newark, N. J.

Editor MEDICAL WORLD:—Job G. Hallam, M.D., asks for a good formula for neutralizing cordial. The one I have adopted and used to my satisfaction for forty-eight years is as follows:

℞ Best India rhubarb (in coarse powder).
Bicarbonate of potass aa.....ounces viij
Cinnamon,
Golden seal aa..... ounces iv
Macerate for two days in best fourth proof brandy, one gallon; then express the tincture with strong pressure and add to it oil of peppermint two fluid drachms, previously dissolved in a little alcohol.

Break up the cake or compressed residue from the press, and place it in a displacement apparatus, and gradually add warm water until the strength of the articles is exhausted. Evaporate this solution to eight pints, and while the liquor is still hot dissolve in it refined sugar, six pounds. Continue the evaporation, if necessary, until when added to the tincture first obtained. it will make three gallons, and mix the two solutions together.

This is a pleasant anti-acid and laxative preparation, very useful in diarrhea, dysentery, cholera-morbus, summer complaint of children. It may likewise be used in cases of piles, in habitual costiveness, and to act on the bowels during pregnancy. The dose for an adult is a tablespoonful every half hour, hour, or two hours, according to the urgency of the symptoms. With good materials and care in making up, Dr. Hallam, will find this a superior article that will not disappoint him.

WM. M. SMITH, M.D.

Montisano, Wash.

Answers to September Inquiries.

Editor MEDICAL WORLD:—With Dr. Usher's patient the spermatorrhea may result from a contraction in the lumen of the membranous urethra, or from some similar post-gonorrheal condition inducing chronic irritation of the urethral mucous membrane and vesiculæ seminales. Hence, some vesical and urethral sedative seems to be indicated. The following mixture will doubtless give relief:

℞ Sodii salicylatis, ...drams j
F. E. stigmata maidis, ...ounces
Tinct. hyoscyami, ...drams, ij
Elixir simplicis. .....q. s ad .....ounces iv
M. Sig. Teaspoonful between meals and at bedtime.

Also, as a general and local tonic, $\frac{1}{60}$ grain of strychnine after each meal—best administered in tablet form. Should these measures fail, dilate the urethral canal.

For pin worms (*oxyuris vermicularis*) give:

℞ Tinct. rhei aromat,.....ounces ss
Tinct. zingiberis.....drams ij
Magnesii carbonatis .....ounces i
Aquæ menthæ piperitæ, ...ad.. ounces vi
M. Ft. Mistura. Sig.—Dessert spoonful three or four times a day.

Proportions of ingredients may be varied according to age of child. Also inject into rectum three or four drams of infusion of quassia at bedtime.

Dr. Hallam may prepare "Neutralizing Cordial" (Eclectic) as follows:

℞ Pulv. rhei,
Pulv. menthæ pip. fol.,
Potassi bicarb., ...aa drams ij
M. Add a pint of boiling water, cover and, when cool, strain—adding enough boiling water to the refuse to make a full pint. Then add a pound of white sugar, and when this is dissolved add two ounces of best brandy. Dose for infants and very young children, one teaspoonful repeated as occasion may require; for adults a tablespoonful. This is an excellent remedy for summer complaint among infants.

"I. N. Need" will find codeine and svapnia excellent derivatives of opium and not likely to occasion gastralgia. Even morphine *ad-*

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ministered hypodermically does not cause gastralgia.

For tetter (eczema) of the hands let Dr Halloway try the following:

R. Acidi salicylici .....drams ss
Glycerini.....drams ij
Ungt. zinii oxidi benzoat,.. ..... ounces i
M. ft. Ungt. Sig. Apply freely to affected area morning and night.

The patient should keep the hands out of water as much as possible, but if household duties prevent due attention to this factor in the treatment, the irritating effect of water upon the eczematous surface can be lessened by using Lautz Bros. & Co's. "White Spray" soap—an excellent and inexpensive soap for laundry and toilet.

Dr. Stewart's patient may improve under the treatment suggested for Dr. Usher's patient. The description given is hardly sufficient for a certain diagnosis. Would suggest an examination of the prostate. Faridizatson of inner surface of thighs, testicles and lower part of spine may assist treatment. If there is any relaxation of scrotum a suspensory bandage should be worn daily.

That the death of the famous musician Gilmore resulted from combining bananas and champagne has not been accepted by the medical profession. Bananas cut in small slices and covered with wine are served as a relish on many tables. That spiritous liquors—with or without bananas—have been important factors in occasioning the death of many men, is universally acknowledged.

J. HOBART EGBERT, A.M., M.D., Ph D.
118 South St., Holyoke, Mass.

For Eczema of the Hands.

Editor MEDICAL WORLD:—I think if Dr. J. T. Halloway will use the following treatment, that his patient with tetter of hands will be benefited; give acetate of potash until the urine is neutral or alkaline, (if a rheumatic diathesis be present use tincture of colchicum root with the potash). Bathe the hands in a solution of bicarbonate of soda (dram i to the pint of water) every night and apply the following:—

R Balsam Peru..... .....ounces ij
Corrosive Sublimate .....grs. xxx
M. Sig.—Apply with a bit of flannel cloth.

The hands must be kept out of hot and cold water Use luke-warm water with the finest Castile soap. Dr. G. M. HACKLER.
Mars Hill, Ala.

THE MEDICAL WORLD is a medical society in type, with monthly meetings in your office. No medical society in the world ever had as many members as the readers of THE MEDICAL WORLD; and no members were ever so mutually helpful. Cost of membership in WORLD society, only $1.00 per year.

Thoughts on Food.

Editor MEDICAL WORLD:—In enlisting articles on food in health and disease, you truly speak of it as a very important subject to the physician as it must be to the patient. In a short article, as it must of necessity be, one is at a loss what to say *"multum in parvo"* on so vast a topic—it is like opening the gate to a vast tropical forest, and ask to unravel and describe its mysteries in a day. In a general sense it may be said, in a nut-shell, give proper quantity and quality of food, ingest at proper time and subject to proper medication, taking *time* and allowing no enervating influence to interfere at the time, such as fear, anger or any excitement which depresses either nerve or arterial forces; that is to say, throw aside all these things during regular meals and make them seasons of merry delight. All food may be said to be composed of, or contain the following organic and inorganic substances;—Starch sugar, fat, albuminoids, salt and water, and upon the proper injestive and healthy fermentive action while undergoing the various digestive operations in the system may be said to depend proper health as a result. The starch is changed into sugar and the latter into fat; that is, the healthy action, but once in a while during perverted action in liver and panacreas (it is supposed) too much sugar is produced and we have diabetes. Here the treatment is obvious. Sometimes rancid acids are produced from the starchy food, as butyric, acetic, lactic, etc.; also gases which cause flatulence and nasty eructations. Proper diet is the antidote in catering, vegetables, for instance. In such cases order all those growing above ground, as cresses, salads, etc., and withhold all roots, etc.; containing starch, as potatoes, beets, etc. We all know the effect of lactic acid and uric acid in rheumatism, this latter being especially produced from highly seasoned food, (spices, peppers, pastry, etc.,) in those who are usually accused of high living. The treatment here is obvious. Alcohol produces an over amount of fat in the system besides continuous over stimulous of the secretory organs. Under this stimulus the organ becomes enlarged by the extra amount of work it performs, as well as by interstitial hyperplesia, as we see, for example, in cirrhosis of the liver or analogous kidney troubles. Hence the diet treatment is very important. The natural idiosyncrasy of each individual has to be studied also. The question must be asked, "is he nervous and what is his assimilative tendency?" We well know that given two individuals taking the same quantity and quality of food under exact other conditions, the one will grow fat and stout—the other lean

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and thin—the one always tips the scale at 200 pounds—the other at 130, all owing to the assimilative process after digestion. Whilst the one is the picture of health, florid complexion and of supposed strength, all the while nature may be depositing fat around his heart or in the liver. The treatment is obvious—withhold alcohol, fat and all articles convertible into this latter, as starch, milk, etc. Even liquids such as water must be carefully regulated as to quantity, as it is well known that they have the property of increasing the weight of those tending to over-assimilation.

In all this discussion we see the importance of the quality of food to be used. Now as to the quantity, one must be influenced by the individual as well as by the disease. Formerly, for example, in typhoid fever, it was thought improper to feed much for fear of adding fuel to the fire. Now, while we still consider that to be right in the initial or active stage, once the wear and tear are observable on the system it is considered proper to pour in nourishing wholesome food, until the natural activity of the disease is past. No more beautiful epitaph could have been placed on the tombstone of Dr. Graves, of Dublin, the father of this modern advancement, than that "He fed fevers."

We thus see the importance of proper quantity and quality—the idiosyncrasy of each individual and that of assimilation. Another one simply to be mentioned is the chemistry of the food and the chemical action it undergoes in the system whether normal or abnormal. When we remember that in the chemical action to which the food is subject in the body the abstraction of one or more elements of water (H_2O) produces nauseous acids and gases, and plays an important action in digestion and assimilation it goes to show the need of great attention to this subject, chemistry. In conclusion let me say that the profession is too prone to follows the dictates of authority without questioning the why and wherefore. One reason is simply owing to the neglect of proper instruction and training on the matter whilst at college. Had I the power, no college of medicine would be without a special lecturer on health and disease as influenced by food. He would have abundant material to fill up the curriculum and thankful pupils in after life.

Milwaukee, Wis. G. SCHMIDT, M D.

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Calomel for Anemia.

Editor MEDICAL WORLD:—I have received a few letters in the last two months, from members of the medical profession in different parts of the United States, inquiring how to use calomel in the treatment of consumption and anemia. I thought these were intended for Dr. Shade, of Washington, D. C., but being mistaken I will try to answer all through THE WORLD. I would have answered sooner, but having so much rheumatism in the journals, I contracted a severe attack myself which disabled my right arm for a time, and I write with great difficulty at the present time.

I have had but a limited experience with calomel in consumption. For anemia without pulmonary consumption, give 1-100 to 1-50 gr. three times daily. Do not get in a hurry to cure and over-dose or continue too long without intermission, or you will defeat your object. Avoid ptyalism, which you know how to do as well as I do. You can continue the treatment two or three years if necessary.

I received many interesting letters of advice from members of the profession in regard to my case of aphonia reported in December WORLD, for which I am many times obliged. Patient died about the 23d of March.

Dear Lodge, Tenn. A. JONES, M.D.

Chronic Diarrhea.

Editor MEDICAL WORLD:—The following short note of a case from my practice is given for what it is worth.

A gentleman in the military service, in the city of Washington, D. C., was compelled in May, 1865, to resign his position on account of an acute diarrhea which became chronic. Immediately after a severe thunder and rain storm on a Saturday afternoon, he was seized with a diarrhea which lasted but a few hours. But in just one week, at about the same hour, he was again seized with a more severe attack following a terriffic thunder storm. This time the diarrhea continued for some two years, till cured by the following course of treatment.

The use of cod liver oil was commenced after the disease had continued about 18 months, to which 6 to 8 drops of tinct. opii, was added once or twice a day according to the condition, never exceeding 8 drops to the dose. The oil was taken in half ounce doses once, twice or thrice a day. By the time three bottles of cod liver oil were taken, the diarrhea ceased and the patient was well.

The common diet in this case was soft boiled eggs and toasted crackers, of the latter the

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patient kept some account of the number used, till he had used 2,000. This patient found that of meats which he used, fried salt pork agreed with him best. This gentleman had occasion to drive out and back once a week to his business, 30 miles. He noticed that on this ride, and if his mind was intensely occupied, there would, as a rule, be no action of the bowels from morning till he closed business at 4 o'clock, showing the operation of mind on matter. He gives much credit to the time spent in the open air and exercise for his cure, though no especial amendment was noticed till he commenced the use of the oil and opium as above. The amount of opium used could not have exceeded one-quarter or one-half ounce of the tinct.

In regard to his out door work he "thought that he might as well die by the road-side as cooped up in the house."

Saranac, N. Y. S. HAYNES, M.D.

Diet of Old People.—Animal or Vegetable Diet for All.—Prevailing Methods of Cooking.

Editor MEDICAL WORLD:—"Spare fast that oft with gods doth diet," ought to bring the old into heavenly companionship much more frequently than it does, since, as an unfortunate rule, they are very abstemious eaters. We say as an unfortunate rule, because the old, although, they should indeed eat sparingly and very slowly in order to insure perfect mastication and deglutition, should really eat often, certainly once in every three or four hours at least. One of the bad habits of the old is the drinking of too great quantities of tea, an act which seems to prevent a desire for food that can afford more nourishment. Coffee, if they are able to take it at all is much better for them than tea, as it prevents waste with them to a great extent, and is more satisfying. They do not really need much *meat*, but in its place, milk with a pinch of salt therein, and soft boiled egg will answer in some degree: yet a small portion of meat daily is desirable. Milk is the most valuable food agent for young and old alike, whenever it can be digested, and we hold that it is made so by the addition of a few grains of table salt; or better still, the addition of bicarbonate of soda, fifteen grains to one quart of milk, not only prevents it from turning sour, but renders it more digestible.

It, however, should not be given in cases of duodenal, hepatic and pancreatic diseases, because of the deficiency in the secretions necessary to the process of emulsionizing fats and preparing them for entrance into the lymph vessels. Fats, decomposing, form very irritating fat acids, and the change in the reaction of the intestinal juices is the cause of various secondary troubles in the biliary functions and elsewhere. To fit milk for use, under such circumstances, it must be skimmed and about the time the stomach digestion is completed, aids to the intestinal digestion should be administered, viz—either a soda alkali or some pancreatic solution, to effect complete digestson of the fatty constituents. The mere bulk of the milk is an objection to its use in certain diseases. In dilatation of the stomach, the space occcupied by the necessary quantity perpetuates the disease. The reflex effects of distension of the stomach in cases of weak heart and in angina pectoris may even prove fatal.

"It cannot be too strongly stated that milk is a highly objectionable aliment in heart diseases, whenever the motor apparatus of the organ is diseased, and whenever its movements are readily influenced by the morbid states of the stomach through the reflex channels." Objectionable also in rheumatism, (see MEDICAL WORLD, May '93, page 153.) An excellent substitute for the milk when the casein disagrees is—add a pint of boiling water to a pint of pearl barley, allow it to cool, then carefully strain so that it may have the density of good skimmed milk, then add thereto one-sixth or one-fourth cream, and you get a mixture of the consistency of rich milk. To those who are quite aged a cup of coffee and a slice of toast should be brought before they leave their beds in the morning; they should have a light lunch in the course of the forenoon, a part of which may be to advantage a weak milk punch; they should dine on their heartiest dish in the middle of the day; and if that meal is accompanied by a little sherry and water, or a teaspoonful or two of whisky and water it will be well for them, speaking medicinally—a very little of these potent stimulants being valuable to the failing powers of the old, but a good deal being just as injudicious as a little is good.

A cup of the above substitute for milk in the late after-noon prevents any sensation of sinking. There should be a light repast at the supper hour, and before going to bed some trifle again, to occupy the attention of the stomach and hold up the system over the hours of the "dead dark and middle of the night," when all things have a tendency to ruin. If in addition to all this a glass of milk or the above substitute is left beside the bed, for use if needed, it will do good rather than harm. An *important* thing in diet of the old is to give everything a good flavor—a little sharp, it may be, that the dulled nerves of the palate may more readily perceive it, often

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effected by a dash of red pepper, a pinch of innocent spice or powdered herb. A teaspoonful of glycerine in the coffee once a day taking the place of part of the sugar, is a very excellent thing, not only adding its own warmth and sweetness to the taste, but strongly aiding digestion, and preventing the formation of those troublesome gases which are apt to disturb the old and worn stomach.

Our subsistence is due to either an exclusive animal, exclusive vegetable, or mixed diet. Which of these, then, is best calculated for the support of man? The different latitudes not only give rise to different personal requirements as regards food, but likewise modifies the characters of the alimentary products that are to be found, and it happens as with other portions of the plan of nature, that the two are in harmony with each other. Instances are to be found when life is sustained upon a wholly animal, a wholly vegetable, and a mixed diet. The mixed diet is the one which is regarded as properly designed for man's subsistence. It is upon this diet that he happens to attain the highest physical development and intellectual vigor. It is this which stands in conformity with the construction of his teeth and the anatomy of his digestive organs. One-fourth or more of animal food may be considered the most suitable, and if more be taken the excretory organs are unnecessarily taxed, and the system exposed to the contamination with impurities, for the nitrogen of the superfluous nitrogenous matter has to be eliminated, and is found to escape, in combination with the elements under the form of certain excretory products, without having contributed to any useful purpose. A defective transformation and elimination leads to a retention of the products of metamorphosis of this superfluous nitrogenous matter in the system, and there is reason to believe that gouty affections and other morbid states are oftimes induced in this way. Let us, then, eat to live, not live to eat, and see that what we consume be in a fresh state—both of animal and vegetable foods; neither one nor the other in a salted, cured or dried state will serve to keep the body in health.

Disease and death are induced by witholding all fresh articles. As an example we have only to refer to the scorbutic class. "Give me an old-fashioned country dinner," sighed a well fed man of the world, tired of and satiated with the delights of artificial cooking; and indeed there is nothing better calculated to appease the appetite and nourish the system than such a repast properly prepared and cooked. But unfortunately our cooking is not all of this high character, and we are compelled to go even farther, and say that country cooking, as a whole, is behind the age, and in its preparation advantage is not taken of the knowledge which science so readily affords.

All the requisites for good food are met with in the products of our country homes, but how sadly are they missed. Take, for instance the cooking of fresh meat; in the great majority of cases it is put into the frying pan with a little fat, and then subjected to a scorching or frying process at an intense degree of heat, which soon deprives it of all its juicy elements, and it goes upon the table dry and hardened and difficult of mastication, and at last, when it does enter the stomach and the process of digestion is accomplished, after much labor and exhaustion of nerve force, it affords but a tithe of the nutriment which it originally possessed, and which proper cooking would have developed and saved.

Take again, the article called pie. We shall not attempt to detail the process by which flour and fat are mingled together and subjected to the baking to bring forth that indigestible compound known as pie crust, but it is safe to say that it is responsible for a large share of the adult dyspeptics and pale, sickly children we meet in the country; the chief delight of the latter class is to invade the buttery and feast upon a huge slice of this compound, until the stomach is engorged to repletion, and digestion weakened and exhausted.

There are few housewives who know how to make good bread. It can be made, all the elements are at hand, but, either through ignorance or carelessness, a large proportion of of it is heavy and indigestible, and what is really one of the most important and nourishing articles of food is greatly impaired in its usefulness and even made the vehicle of harm to the system.

Again, the boiling of potatoes is often improperly done, bringing to the table hard, water-sogged masses, instead of a delicate, feathery, nutritious article of diet.

The whole matter may be summed up as follows: too much haste in compounding and cooking is allowed, partly from multiplicity of duties and partly from carelessness. But above all there is a lamentable want of knowledge on the part of wife and mother, of those principles which should guide her in the preparation of the daily food of the family. It is not chimerical to say that the housewife should know the general divisions into which food is classed, and what elements each class tends to build up. She should know theoretically what many have found practically, that half boiled potatoes cannot readily undergo solution in the

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gastric juice, and that pie crust reeking with fat cannot be absorbed into a healthy system without poisoning the blood, and that it produces a nauseous emulsion in the stomach, which can never be assimilated into healthy fat and tissue. Did she know these simple truths she would take a maternal interest in preparing such articles of diet for her children as they need, and would point to her rosy-cheeked, well-developed off-spring as the result of her labor.

A hearty meal should neither follow nor precede violent exercise; in each case the stomach is rendered unfit for the vigorous discharge of its office. A hearty dinner, taken in the evening, after an unusual day's exertion, is sure to be followed by more or less indigestion, and may be vomiting. The depression of general bodily power occasioned by fatigue endured is incompatible with the possession of full energy by the stomach; by a little repose, however, time is given for the production of fresh power to raise the system from a previous state of exhaustion, and render the stomach equal to the easy digestion of a moderate meal.

Again, the similarity of tissue of organic structure of parent and off-spring, hereditary, may account for much of the physical evil of this age of degeneration. To summarize most people eat for mere enjoyment, to gratify the sense of taste, not to satisfy the body, and consequently take more food than is necessary or needful. In an inactive, sedentary life we need but little food. Is it not surprising how even the youngest infants are over-fed, and in many families (physicians not excepted) this "stuffing" process continues through childhood, adolescence, manhood and old age. "Food and its relation to health, the prolongation of life and the prevention and treatment of disease" is a subject which physicians pay but little attention to, placing more trust and confidence in drugs to do the work.

J. J. STANFORD DOHERTY, M. D.
No. 9 Sylvan Avenue, New Haven, Conn.

Frequent Feeding.

Editor MEDICAL WORLD:—Physicians in general, and many in particular, have their hobbies, the result of the teachings of their alma mater, more or less influenced by their readings.

Medical journals abound in recommendations for the feeding of infants, particularly, in which some of the proprietary foods become prominent factors, others in which we have the formulas in imitation of mother's milk, according to chemical analysis. Many of the large manufacturers of the different foods issue or support journals devoted to their interests, and much is published to lead the practitioner to think as they do and, accordingly, use their products.

Most of them make a pre-digested food, or a solvent, or assistant to the process of digestion. They recommend the administration of the food or of food, with the assistance of their solvent, at short or frequent intervals, with the intention of assisting the practitioner in restoring his patient to health and strength rapidly.

Physiologists frequently publish tables giving the time required to digest the different articles of food, as demonstrated by observation, upon those persons whom accident or injury has permitted a valvular opening into the stomach. As their observations are generally made under all the requisite rules and regulations to insure accuracy, we must accept their teachings as facts on which to base rules in dietetics.

Their observations are generally made on subjects who have regained their health, and are frequently robust specimens of manhood, given to considerable exercise in the open air. We are called upon, not to prescribe food for the well, except infants, but for the sick.

When I take exception to the prevailing epidemic of frequent feeding, I know that I am treading upon hallowed ground and even may be infringing on the ideas of the editor of THE World as illustrated on pages 301 and 302 of the Septembern umber, where instructions are given to enable the visitor to see the World's Fair without fatigue. I can make no objections to any of the advice, except that of frequency in eating or feeding, and under that caption the drinking of milk is included.

Frequently I meet with patients who have been educated to eat little and often, or to take milk, whenever they feel like drinking, instead of water.

A number of years ago I was attending a man with typhoid fever; a medium case, who progressed toward convalescence in the third week, very nicely, when one day he began complaining of loss of appetite. I examined him carefully to find the cause of the partial relapse, with fever, some restlessness, and slight diarrhea recurring; could find no special reason for the change until he asked me for "that pitcher," which contained milk. On inquiry I found that he had the pitcher, holding about three pints, filled with milk, in the morning, and again filled in the evening; the milk being fresh and sweet.

I ascertained that he had been using the milk whenever he wanted a drink, every hour or oftener, for three days, consuming the whole quantity each time, as milk had been recom-

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mended by some visiting friend as a good thing to build up his strength, etc.

The milk was withdrawn except at meal time, and three times daily only. No limit to quantity, except not to make the stomach uncomfortable by overloading; water in small quantity frequently, if required to quench the thirst, substituted, with the result of a fresh and rapid start toward recovery.

Last May, when absent for the day in the city, a lady called in the morning with three children, aged about two and a half, five and six years; the oldest and youngest being brother and sister. They all resided together, and were complaining similarily with offensive diarrhea, fever and restlessness, which had been noticed the evening of the second day previous; the sleep of the night before coming having been very much disturbed with fever and diarrhea.

During my absence my wife gave them two powders each of a compound bismuth powder, one to be taken on reaching home about six miles distant, the other in the evening, to correct the bowels and control the diarrhea and fever; promising that on the following morning I would call to see them. On my arrival about eleven A.M., I found the children romping and playing; no fever, only one showing any trace of diarrhea; and all appearances rapidly assuming their normal condition.

On inquiry it was ascertained that the second day previous to their being taken sick was "baking day," some sweet cakes had been baked and the children were allowed some. A luncheon of cakes was demanded for two days, when the fever and diarrhea began to manifest themselves. After I saw them, they were restricted to three meals a day, with sometimes a light easily digested luncheon in the morning, if they had arisen very early.

Mrs. F. C., a farmer's wife, but had been a school teacher before marriage, blessed with good judgment which she has learned to make use of.

Baby No. 1, is between five and six years of age, a large fleshy boy, looks well and keeps well most of the time, with the exception of occasional attacks of offensive diarrhea, which are checked and corrected with one or two powders of the bismuth compound, was always during infancy and earlier childhood troubled with this same diarrhea. The mother nursed him, and had been instructed to nurse not oftener than once in two hours, and as his age increased, to lengthen the time to three or four hours.

An indulgent aunt resided with them and whenever the child would worry would insist on its being nursed, as it must be hungry, the time elapsing from the last nursing being an hour and a half or more. After this frequent feeding had been started, it was difficult to quiet the baby for a day or two without nursing it or until there was a loss of appetite, fever and diarrhea. This experience occurred frequently when "auntie was there;" when auntie was away the two or three hour rule was adopted, with a general run of good health.

Baby No. 2. aged about two and a half years, has had only one attack of sickness, in which it has been necessary to call me. That was diarrhea, but there was a malarial character to that, of an intermittent type, caused more by cold than by eating, and then not until he was two years old. He is not quite so large, proportionally, as No. 1, not so fat and plump, but is not subject to recurring diarrhea on slight provocation.

The mother informed me that she made up her mind that he would be nursed only once in three hours, from the first day, without regard to what auntie said.

In July 1893, baby A, aged three and a half months, had diarrhea with sick stomach, the vomited matter being sour, and not digested, the discharges from the bowels scenting the room, very much prostration, with every evidence of cholera infantum developing rapidly. Baby was fed partly from a nursing bottle with a rubber tube, but great care was exercised to have the bottle and tube clean; the milk being good cow's milk fresh from their own cow twice daily. The child was nursed several times during the day from the breast, but the breast was saved mostly for the night. There was no regularity in feeding; whenever the child worried, either the mother or one of the other children would put the nipple in its mouth, fearing it was hungry.

All milk but the breast was taken from it, and by good nursing and watchful attendance it was soon almost well. This continued about four or five days, when I was called again, the messenger saying that baby was much worse. The mother not having sufficient milk and being troubled with many cares incident to four other lively children, and visitors from a city, had resorted to the bottle and frequent feeding, with a like result of fever, sick stomach and diarrhea. We succeeded this time in bringing it around all right, but restricted the feeding to the breast, with the assistance of sterilized milk, diluted one-third and the addition of lime water as before; but insisted that it should have nothing but water, between the milk or nursing, which was once in three hours only. The child soon got to liking the boiled water between meals as well as it did the milk previously, and gradually but more slowly regained its health.

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When the child cannot be nursed by the mother, I try cow's milk boiled or heated to the boiling point, kept there for a short time, diluted according to the amount of solid matter and fat the milk contains, a small quantity of lime water being added, governing the heating, etc., by the food the cow or cows eat, and generally have good success, provided the babe is not fed too often. From my experience, extending over thirty years, I find that too frequeut feeding or eating causes much disturbance of digestion and diarrheas, and that it is very difficult to give strength and tone to the stomach, without proper rest between meals.

Columbus, N. J. G. W. H. CALVER, M.D.

[We quite heartily agree with the doctor's views in regard to feeding infants at regular and not too frequent intervals. The point which he cites from our editorial paragraph related only to adults, in fair health, undergoing great and prolonged physical and mental strain. In this case they have not opportunity to eat their regular meals leisurely and take the desired period of rest afterward.—ED.]

The Proper Use of Natural Forces in Medical Treatment.

Editor MEDICAL WORLD.—Man is more in his composition than merely an accumulation or even a combination of crude chemical elements. Hence, there is a tendency in the medications of the present time, especially among those physicians who keep in the advance of thought, to replace the cruder medicines by others more refined; and it is found that the more refined the remedial agent, the more energetic and satisfactory is its action.

The true physician to-day does not confine his attention chiefly to the apparent disordered condition of his patient, but seeks out as far as may be the disturbing cause. He recognizes that fact that morbid conditions generally have primarily a nervous origin; and being of a philosophic turn, he does not hesitate to acknowledge that the psychic force is superior to other causes in this matter. "As a man thinketh in his heart, so is he."

Experiment and study and unsatisfactory results from the use of medicines as formerly employed, have shown conclusively that minerals in their native state, or even in chemical combinations and solutions, are many degrees removed from any possible assimilation with the human organism. This is sufficient to show any intelligent and conscientous practitioner that they should not be applied or administered. They can be found in higher forms, free from those objections, in the vegetable and animal kingdoms, ample for all our wants. Indeed, the very atmosphere itself holds in its grasp all the mineral substances, or the basic principles of of them, which are required to sustain all living beings in health as well as to benefit those that may be suffering from disease.

The most direct mode of applying them is to the surface of the body. This communicates immediately with the external world and at the same time constitutes the best means of entrance to the nervous system.

Scientists are accordingly unremitting in their endeavors to ascertain the quality and inherent energy of the electric fluid and it is now known that the vital action of the body is a true chemical decomposition, like combustion, as shown by Faraday. This decomposition can not go on unless there is a transmission of currents of electricity. Our bodies, therefore, are continually discharging more or less of this substance.

If we place a man upon an insulated stand and let a wire pass from the soles of his feet to the earth, and if in this situation he exercise briskly, electric currents will pass from his feet to the ground while this is going on.

This would seem to identify the natural nerve-force of the body with electricity, as though they were substantially alike. Muscular movements, as is well known, are produced by mild currents of electricity in a way similar to the communicating of movements from nerve to muscle. This seems to indicate that in order to maintain the bodily health, this electric communication between man and the earth should be free, and without interruption. The body, then, will maintain under all internal changes, an electric level equal with that of the earth. This is the state which nature points out for us to maintain. "One of the most fundamental and certain facts in physiology," says a distinguished electro-therapeutist, "is that the active state of a living tissue is marked by a fall of electrical level, in other words an electrical depression is the most safe, most delicate physical sign of physiological action."

The application of the electric light in the treatment of diseases is a long step in advance, and promises well for the future achievements of the art of healing. There is a striking analogy between the psychic and magnetic forces of the human body and the fever magnetism of the artificial magnet in regard to polarity. The right and left hands constitute the two principal poles. The resemblance can be traced much more generally. It may be difficult, however, to explain the difference of positive and negative in magnetism and psychic force, so clearly as to be readily understood.

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First of all let it be borne in mind that a negative force is no less real than a positive force. It is not the *negation of a force*, but a power that is opposite to the positive and different in character. Action always implies reaction, each being equal to the other. The positive force in electricity is the principal that is active, the negative force is reactionary, but still is equal to the other.

If we assume that the positive force is an undulation or vibratory movement, and that light, heat electricity and magnetism are such, the negative force may be signified by an undulatory wave moving in the opposite direction. The waves being situated between the others. The magnetism of the right hand, or the positive pole of the animal magnet is repellent and cooling; that of the left is attractive and warming. The odylic emanation of the right hand like that of the north pole of the artificial magnet, is of a pale blue color and produces a cooling sensation; the emanation of the left hand, and from the south pole of the magnet is red, or white tinged with red. So, likewise, in the case of the two colors; the one is positive, the other orlylically negative.

Where there is an inflammation, it is an undue accumulation of psychic or magnetic influence, and it is to be dispersed by the positive or north pole, or by the blue rays of light. It is one of the most familiar phenomena of magnetism and electricity, and may be observed in the whole domain of nature that like poles repel each other, between positive condition, and the positive pole there is repulsion. If we place the north poles of two magnets in contact they will be immediately pushed apart. Contrasts, however, establish harmony; if there be coldness or a lack of vitality in any part of the body. The negative pole or red rays of light will equalize the distribution of the living organized force, the vital heat. In the employment of the different light-rays, it will oftentimes be found sufficient to make the impression on the spinal column directly over the respective nerve-centres, as thus the impaired vital energy will be restored, and the nervous system itself will again carry the vital currents freely to the points where it is required to maintain them in a healthy condition.

J. MEEKER, M. D.

244 Mulberry St., Newark, N. J.

What if an investment returning 25 per cent. profit were offered you? To *save* 25 per cent. is just as good. WORLD *four years for* $3.00, an average of 75 cents per year and trouble and expense of remitting every year is also saved.

Experiments with Cholera Infantum by Inoculation.

Editor MEDICAL WORLD:—I wish to call your valuable attention to five cases of cholera infantum from which I made five experiments.

1st case, June 10th. I injected hypodermerically a half teaspoonful of the watery choleraic excrement of a child into a large house cat. June 11th, the cat appeared all right; June 12th, cat very sick, vomiting; June 13th, seemed to be in great pain; June 14th, cat dead.

2d case, June 20th, child very low. I injected twenty-five drops of the watery excrement into a grown rabbit; 21st, rabbit very sick and died on the 22d.

The 3d case, July 8th, child, 15 months was not as bad as in the second case. I injected twenty-five drops of the watery excrement into a prairie dog; the dog was very sick for two days, but, got over it.

July 19th; 4th case; this child was very low. I injected one teaspoonful into a large healthy dog. July 20th, dog all right; July 21st, dog would not eat; July 22d, dog very sick; July 23d, dog vomiting, bowels moved very often and freely; July 24th, dog was dead, having died, I think, sometime in the night.

August 4th, case 5th, this child was very sick, I injected a half teaspoonful of its watery excrement into a large rabbit; August 5th, rabbit very sick and died August 6th. The child that I was called to see July 19th died. All of the hypodermic injections were made about two inches below the umbilical region. I am convinced from microscopical examination of the watery excrements that the comma bacillus of Asiatic cholera (Dr. Koch's) is something similar to that of cholera infantum.

In the August WORLD Dr. Hibberd, of Richmond, Ind., says that drying kills the comma bacillus, and I find that drying kills the bacillus of cholera infantum. There was a great deal more of the bacilli or microbes in the excrements of the child than in the vomit.

Treatment: 1st, where the child's thirst is intolerable, keep wet cloths on the bowels. Have the child greased from head to foot with pure olive oil, or if you cannot get the olive oil, use as fresh lard or butter as you can get. Repeat every six hours. For the diarrhea and vomiting give three or four grains every three hours of benzoate of soda. I sprinkled some of the benzoate of soda on some of the excrement, carefully wrapped the napkin up, and let it remain in the shade, and in twelve hours the germs were dead. I put aside another napkin with the excrements without the benzoate; fifteen hours afterward they were as lively as a cricket. If the child's bowels swell, apply a

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lye poultice, made from wood ashes and corn meal. We all know when the mother is begging, "Doctor oh, save my child!" that we have to do something; at the same time we well know that the least we do the better for the little patient. I have found this prescription to act well.

R Syrup rhei.....ounces i
Lime water.....drams ij
Aqua Menth. piper.....dram ij
Mix.

One teaspoonful every two and a half hours until it acts, which you will know by the color of the discharge

J. B. MOBLEY, M.D.

Wichita Falls, Tex.

Position at Birth.

Editor MEDICAL WORLD:—In the state lying in hospitals at Leipzig, Saxony, and at Vienna, Austria, forty years ago, the woman lay on her back on a stiff thick mattress, which had a V or U shaped piece near the middle cut out, the point towards the head. The perineum of the woman would be just about the length of a hand below the point, so that the assistant could well support and protect it with his left hand, while the head of the child passed out.

In some parts of Germany they sometimes in slow births let the woman sit on two chairs. The right backleg of a chair and the left backleg of another are firmly tied together, the chair spread apart in front, and the woman is told to sit with one leg on one chair and with the other leg on the other chair. This position is preferable to kneeling.

In slow confinements I have frequently found outside pressure on the abdomen by means of a sheet very effective.

Fold a bed sheet lengthwise so that it is about of the same width as the distance between the scrobiculus cordis and the pubes of the woman. Have her lie on her left side, place the middle of the folded sheet smoothly over her abdomen, and let the two ends reach out behind her. A strong person (the husband) sitting on a chair close to the woman's back, takes the upper half of the two ends of the sheet in one hand and the lower half of them in the other and puts one foot (shoe removed) on the os sacrum. At each pain strong traction is made on the sheet either by both hands with the same force or not, as the case may require. Between the pains ease up, but not entirely. Most women feel and appreciate the help and call for it at the next confinement, but if the ovaries are sore, the sheet cannot be used, as it produces severe pain. I found the above manner of assistance recommended in some journal more than twenty years ago.

Roseburg, Oregon. F. G. ŒHME, M.D.

An Unusual Case.—Nervous Aphonia.

Editor MEDICAL WORLD:—I herewith report a very interesting case as far as I know; at least I have never had anything like it before, and cannot find anything in my library that will give me much light on the subject. Would like to hear from some of the many readers of THE WORLD in regard to probable cause and treatment.

I was called on August 4th, to see a lady, age 45 years, on my arrival I found she could not speak above a whisper, and had not for several hours. Upon examination I found her pulse 76 per minute, temperature 98.2-5, in fact, there was nothing to indicate any disease at all, except the loss of voice and with that exception she is in excellent health, with no tendency to hysterics.

The clinical history was this: A few hours before I was called she was sitting at the organ singing and playing, when her son cautiously slipped up from behind, and before she was aware of his presence, he laid his arm on her shoulder; at the time she was singing at a very high pitch of voice; she made an attempt to speak to him but could not, and for some time afterwards was very nervous.

I prescribed the following:

R Fld. Ex. Digitalis.....drams ss
Comp. Syrup Bromide "peacock" q. s.ad oz jj
M. Sig.—One teaspoonful every three hours.

She is resting quietly at this time. I will in addition to what I have stated above that the condition of throat and nasal cavities is normal as far as I am able to tell.

C. W. CULP, M. D.

Mammoth Spring, Ark.

Genuine Cure for Diphtheria.

Editor MEDICAL WORLD:—In your March number, page 104, is a prize announced for a sure cure of diphtheria. Here it is: Illuminate the parts with sunlight or with electric light, the concentrated light to illuminate the fauces, and if necessary, the nares, uninterruptedly. It has never been known that any part exposed to light has been attacked with diphtheria.

This discovery, or rather these facts, I have written to the Academy of Medicine and will not keep them any longer for myself, but hereby publish them to the medical fraternity, to improve and work them out to the good of humanity.

Jefferson, Wis. J. A. MUENICH, M.D.

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Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Editor MEDICAL WORLD:—Mary C., age 39, unmarried, for a number of years has been an invalid and suffered from convulsive seizures varying in frequency from six per day to one per month. I have never witnessed an attack but from family's, descriptions judge them to be a general twitching of the whole muscular system, with legs and arms drawn up to greater or less degree. She remains unconscious throughout their duration, which varies from a few minutes to one hour. Attacks occur more frequently at the menstrual period.

Menstruation always been regular until about one year ago when it became irregular. Always suffered considerable pain in the region of ovaries during the monthly period and during past three months that pain has been constant. At the present time she is suffering from intense hyperesthesia. Gentle stroking with finger tips over any part of body or limbs causes severe pain, and gentle pressure over any part of spinal column causes patient to cry out.

What relation exists between the ovarian trouble and the hyperesthesisa and the so-called "fits?" What line of treatment would you or the WORLD family suggest?

I assumed charge of the case two weeks ago, and at once gave a dram of cod liver oil subcutaneously and repeated it on the third day but the pain was so severe at site of puncture, during the few days following that I did not persist with that method. Any suggestion will be highly appreciated.

Britton, Mich. P. B. HARDY, M.D.

One of our readers, residing in Canada, wishes to know the latest and best that science knows in regard to the treatment of cirrhosis of the liver.

Editor MEDICAL WORLD:—I have a case of spasmodic torticollis in a merchant, *aet* 45 years, of two years' standing. He has been to Hot Springs and a number of other places, but gets no relief. Will those of THE WORLD'S subscribers who desire to do so please write me if possible as to treatment? He is in fine health, and but for the clonic spasm of left streno-cleido-mastoid, he would be all right.

I advised tenotomy sometime ago but he hopes to be cured with medicines. Dr. H. Tuholsky, of St. Louis, pronounced the case chorea, but I am certain he is mistaken. The muscle is simply in a constant state of clonic spasm, and can be felt like a small cord, and it certainly draws. I tried Mark's Apparatus, but he couldn't stand it.

I sincerely hope to hear from the readers of THE MEDICAL WORLD.

Jonesboro, Ark. L. H. DAVIS, M.D.

Editor MEDICAL WORLD:—I beg a little space in your valuable journal to report the following case: I was called August 12st, 1893, to see Wm. A., above an average for ability and refinement, aet 60, weight 200 pounds, large frame, about six an a half feet high. He was attacted March 12, 1890, with hemiplegia. there were no premonitory symptoms of the attack. He lay in bed a few weeks with a partial loss of power to articulate words and a total loss of power of the right side of face, arm and leg, but soon regained power to perform locomotion without difficulty. Has been suffering ever since with what he calls a mashing, squeezing, cramping, feeling in the right side of the face and entire right hand, He says his hand feels like it was in a vice. He has astiff, sore feeling in the occipital region, extending down between the shoulders. The face is not drawn. Tongue protrudes naturally. There has never been any rigidity. He has been a sufferer for many years from dyspepsia and soreness about the stomach to a greater or less extent, during which time he expectorated a considerable amount of phlegm. Since the occurrence of the paralysis, the soreness has left the stomach. Could the peripheral irritation of the stomach have caused the paralysis? I have him now taking fractional doses of calomel and full doses of tinct, nux vomica and cerelina. He cannot use electricity as it seems to increase the head symptoms. I have brought around but little improvement in the paralysis but have aided his digestion. He has been under the treatment of a number of prominent physicians and visited the different mineral waters without any relief. I submit the above case to THE WORLD'S fraternity for treatment. Every number of THE MEDICAL WORLD gets better. J. W. SHEMWELL, M.D.

Brumpus Mills, Tenn.

Dr. Waugh's book "Outline of Treatment with Dosimetric Granules," is rapidly being exhausted. Only a limited number left. Send now while there is time. Price, 50 cents. Address this office. See Order Blank, page xxiv.

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Current Medical Thought.

Dietetic Treatment During the Last Weeks of Pregnancy as a Means of Facilitating Confinement when there is a Narrow Pelvis.

C. D. Josephson concisely states his opinion of the dietetic method as follows: Prochswrik's dietetic treatment resulted, it would appear, in retarding the growth of the twelve fetuses observed by Josephson (without in any way impairing the vital force or the faculty of development) to such a degree that they could easily pass through a very narrow pelvis, the conjugate diameter of the smallest pelvis being eight centimetres. Following the successful result of the cases observed up to the present, it would seem desirable that the method should be made the subject of further experiments, in order to determine when and to what extent this treatment should be resorted to, for the purpose of facilitating parturition when the pelvis is unusally narrow.—*Hygiea*, liv, 9, pp. 211–244, Stockholm, 1892.—*Univ. Med. Jour.*

Rectal Feeding

May be carried on by means of a mixture of two eggs, twenty grains of pepsin, ten grains of chloride of sodium, and six ounces of water. This mixture should be slightly warmed, thoroughly agitated, and then gently introduced into the bowels by means of a syringe. To facilitate the entrance of the fluid into the intestines, it is well to put the patient in a position with the hips much elevated above the head; either the knee-chest position, or with two or three pillows beneath the hips.—*Detroit Emerg. Hosp. Report.*

Regulation of Nutrition.

(From a lecture delivered by Prof. Luntz in the Society for Internal Medicine in Berlin.)

In combatting irregular nutrition we have two means at our disposal: 1. prophylaxis of defective nutrition. 2. Its therapeutic treatment. As to defective nutrition, in childhood often too much food is given. Parents desire to raise specimens of the most magnificent style, and the extraordinary power of growth in the youthful organism often assists them in attaining their object. But here we see again the old experience confirmed that a prematurely overworked organ refuses its services at a time when greater demands are made on it. On the other hand an insufficient alimentation in the first epoch of life will induce permanent injuries.

In this question the experiences of animal-breeders are of decisive importance. By not providing for abundant and appropriate food during the first months of life, the results are animals whom later on no kind of food will transform into vigorous specimens. At the same time, experience has demonstrated that, by an intensive alimentation during a somewhat prolonged period, a condition is realized which, it is true, may be desired by breeders and which is called precocity, distinguished by an early development of the whole organism and especially of the sexual apparatus. But in man this result is very unfortunate because we are unable to effect simultaneously with a rapid development of the body an equally rapid development of the mind, the result being that a fully developed body harbors a childlike mind and that the harmonious development of the human being is disturbed to a considerable extent. This disproportion is frequently caused by applying in the first stages of life a too intensive alimentation on acting too energetically as a stimulant of bodily growth; in the first place an alimentation, too rich in albuminous substances; then other aliments which, while influencing digestion and nutrition, act on the development of the sexual apparatus, the extractive substances contained in meat occupying an important place among them. Immoderate ingestion of meat is an undesirable stimulant, as well as the various substances of daily consumption which we take from the alkaloid series. Finally, alcohol in any form should be deprecated as most likely to have an injurious action. The only useful application it may find is as a stimulant in pathologic conditions. In the same connection we have to mention the usual condiments: pepper, cinnamon, vanilla, and I believe that by avoiding all these things a more steady, although slower, development of the organism is attained.

As an exemplification of these views I wish to state what Axel Key has stated in his lecture on the development of puberty in school children, delivered before the International Congress in Berlin. It has been found that the effect of richer nutrition in the well-to-do classes is expressed in a notably greater weight and length of the body shortly before the development of puberty, that then, however, in spite of the continuance of more modest nutrition in the lower classes, the latter retrieve completely what they had left out, in such a way that at the age of 18 and 19 years perfect equality has been realized. It is to say: the stimulus of growth is so powerful that it suffices completely to compensate the disproportion in question, On the other hand everybody knows what a premature development of puberty means, especially in the female sex. Consequently, for

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children the simplest possible alimentation: bread, butter, milk, is a strict requirement.

In what now consists the therapeutic of existing defective nutrition, when it becomes necessary to cause the body to assimilate a larger quantity of nutriment? In this connection two things have always been considered: First, the direct selection of nutritious substances in which respect the foremost aim is to ingest a plus of nutritious substances; second; more difficult than the question of what we give is how to induce the patient to assimilate sufficient quantities required for the improvement of his nutrition? We know so-called excitants, such as hydrochloric acid, amara, [vegetable bitter principles] etc. Occasionally they have a favorable action and they will always be tried anew. But what can be obtained by a selection amoung the nutritive substances themselves? This leads us to the discussion of certain substances which have been especially recommended for the improvement of nutrition, in the first place of a group of albuminious bodies the so called pepton preparations. Unfortunately they have no advantage over the natural albuminous bodies because on account of their taste their administration cannot be continued. I have found that a somewhat large dose, say a pot, of Kemmerico's meat-pepton, will frequently restore lost appetite. It is not necessary to prolong this kind of medication for more than one to three days: for it is followed by a return of sufficient appetite, and nutrition can again be set in motion and maintained by the ordinary albuminous bodies.

Under other circumstances carbohydrates are also of importance as excitants of appetite. A short time ago a book was published by Henry Hirschberg (pseudonym of a lady) bearing the title: "Sugar as a remedy," in which it was sought to establish that in many cases of digestive disturbances and of depressed gastric functions a systematic administration of larger quantities of sugar will remove the disturbances and consequently raise the general condition of nutrition. Before that, in my laboratory a series of experiments was instituted by Werther, in which the question was: whether it would be rational in times of great cheapness of sugar to use it as an addition to animal food. He performed experiments on rabbits which were made to swallow quantities of sugar by means of the esophagus probe and which were killed after 1, 2, 3, 4, etc., days for the purpose of subjecting the contents of their stomachs to analysis. It was found in all cases that a very strong secretion had taken place. But a remarkable fact was that the liquid, thus accumulated, did not represent some accumulated blood-transudation; on the contrary, each division of the intestinal tract contained a liquid of the corresponding specific nature. Thus the liquid found in the stomach was a two per-cent hydrochloric acid, while lactic acid was not demonstrable. In this way a stimulant secretion of normal gastric juice may be obtained by such an ingestion of sugar, and we anticipate the possibility of applying sugar as a therapeutic in diseases of the stomach even more than it has been used hitherto.

We pass to the fats. In this case we are dealing with a concentrated aliment by which the greatest quantity of nutritious substance can be ingested in the smallest volume. But too much of it is avoided because digestive disturbances are apprehended. In connection with the experience that certain classes of fat are easilly digested, we wish to call attention to a certain fat-preparation, the so-called 'Invigorating Chocolate," an invention of Prof von Mehring, which some years ago was introduced into trade and in which cocoa-butter was rendered emulgeable by means of oleic acid. I convinced myself that indeed an increased emulgeability of the fat facilitates an increased assimilation of fat without the appearance of digestive disturbances. I have taken the chocolate myself for several days and it was supported perfectly well.

Thus we have a series of savory substances endowed with the property of adding an excess of nutriment to the usual alimentation of man, and I believe that, by giving these substances after meals, after appetite has been satisfied, any increase is obtainable which may be necessary for the purpose of improving impaired nutrition.

These considerations lead us to the question of appetite. We know that this question in normal man concerns sensations, partly produced in the stomach, partly emanating from the whole body, and which excite the desire of ingesting aliments, but that this desire is of a relative nature and depends on the agreement of the aliment with our sense organs Aliments exciting disgust, of unpleasant appearance, etc., are apt entirely to remove our appetite. There is not the least doubt that many injurious effects and many advantages of certain substances which we attribute to chemical actions, are in fact only to be ascribed to their action on the gate-ways of the digestive apparatus We need only remember in this respect the experiences referring to fuselous alcoholics. Their evil effects consisting in vomiting, headache, etc., were ascribed to the fusel-oils until an investigator demonstrated their perfect innocence He had administered them pure by means of

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gelatine capsules to a number of persons and not one single injurious effect was observed; the oils were perfectly well supported. In this case we have certainly to suppose some gustatory or olfactive action. The same must be said of meat-broth. It is positive that it contains no cardiac toxic, no substance having an exciting action on the heart. Neverthcless we feel the vivifying, appetizing effect of meat-broth which we can only refer to the pleasant excitation of the gustatory nerves. In this connection I may mention a discovery made by an Englishman by the name of Shore. He found that the leaves of a certain Indian plant, Gymnema silvestre, act as a "Cocaine" for certain gustatory sensations, i.e., from their use two determined qualities are eliminated: the sensations of bitter and sweet. By rinsing the mouth (i.e., the tongue) with an infusion of these leaves for about one minute, sugar assumes the taste of soft sand, 1 per cent quinine solution the taste of ordinary water. Considering how often subjective sensations of bitter, sometimes also of sweet, render patients refractory to all food, he thinks that this remedy is deserving of the highest recommendations to physicians and patients. Some samples of this remedy, presented by the speaker, confirm this latter communication.—*Munchener Medicinische Wochenschrift.—Pacific Record of Med. and Surg.*

Treatment of Hemorrholds.

Hot sitz baths daily, and application on pledgets of cotton, every three or four hours of the following:

℞ Potass. iodidi.....5—7 5
Iodi puri.....0.50
Glycerine.....60.0

International Jour. of Surg.

If Hiccough be provoked by a sensation of hunger, pieces of bread should be swallowed (*Rev. Gén. de Clinique*). When caused by distention of the stomach and bowels with gas, the following may be administered: Tincture of nux vomica, gtt. xv, or oil of absinth, *m* viij-xv, or bismuth sub-nitrate, gr. xv-xxx.—*Coll. & Clin. Record.*

Dr. Wm. Goodell says: "Personally I cannot recall a single case in which a woman has borne a child after having suffered with gonorrhœa. Strumpets rarely become pregnant, for most of them have had this disease.—*Medical Fortnightly.*

[Notwithstanding the high authority given to this statement, we are inclined to doubt its universal applicability, as the personal testimony of several readers of The World in past would go to prove. We should like to have a general discussion of the subject on the part of those who have experience and accurate observations to report.—Ed.]

Leucocytosis and Cold Baths.

From researches made by Winternitz and communicated on February 3d, to the *Imperio-Royal Society of the Physicians of Vienna*, the action of cold baths increases the number of the leucocytes, which may be doubled or trebled by their use, an observation which had already been made on animals. Generally this artificial leucocytosis disappears in about two hours, but when we remember the observations of Metzchnikoff and his theory of phagocytosis, even this temporary multiplication may help to elucidate the efficacy of cold baths in typhoid fever and other pyrexiæ.—*N. Y. Therap Review.*

Treatment of Local Tubercular Lesions.

Dr. Jeannel, speaking of the application of heat in these cases by Felizet's method by thermocautery, or by Verneuil's plan with an oven, says that the heat does not penetrate enough, and he has applied *boiling water* directly to the part, thus saving lately four patient's limbs that were designated for amputation. He opens freely any cold abcess and then puts cold compresses around the wound, when he plunges into a large wad of cotton that has been first put into boiling *salt* water, thus giving a heat of about 220° F. After five or six of such applications, one per day, the bacilli seem to be destroyed and the patient cured.—*Amer. Therapist.*

Class-Room Notes.

(From College and Clinical Record.)

Prof. Hare says sulphonal is of no value in cases of insomnia due to pain.

Dr. Salinger says chronic interstitial nephritis is predisposing to apoplexy.

Prof. Wilson is of the opinion that cholera is not carried by the atmosphere.

Strychnine, in the opinion of Dr. Jurist, is a better tonic than quinine in cases of diphtheria.

In the opinion of Prof. Hare croton chloral is a safer drug to administer than chloral.

Dr. Davis does not favor the application of an escharotic to the uterus after it has been scraped.

Prof. Keen says that for stopping hemorrhage act as follows: pack (use hot water), and apply ligature.

In cases of empyema, Prof. Graham says the prognosis is more favorable in children than in adults.

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If a child be born with its heart on its right side, Prof. Parvin says its spleen will also be found on its right side.

Prof. Keen says the treatment for punctured wounds, is embraced in the two simple words, incise and disinfect.

Dr. Salinger says that potassium iodide will very often be found to act beneficially in cases of chronic interstitial nephritis.

Prof. Hare says that Hoffman's anodyne is the best drug known for the relief of depression due to excessive smoking.

For cases suffering from menorrhagia Dr. Davis recommends a mixture of the chlorides of mercury, arsenic and iron.

In cases of bilious diarrhea, having dark-colored stools, Prof. Hare says podophyllum will generally give good results.

Dr. Salinger says the specific gravity of the urine in cases of chronic interstitial nephritis is generally from 1006 to 1012.

Prof. Hare says the efficiency of castor oil is much increased if a little of the bicarbonate of sodium be administered with it.

A very common symptom that will show itself at the onset of an acute attack of tonsillitis Prof. Wilson says is occipital headache.

Prof. Hare says the bichloride of mercury is very useful in the very earliest stages of diphtheria, but it must be administered in full doses.

It is the opinion of Dr. Jurist that there is no part of the body on which syphilis shows itself so actively as in the upper air passages.

In cases of chronic interstitial nephritis Dr. Salinger says that an absolute milk diet and rest in bed should be enforced as much as possible.

Appendicitis, says Prof. Graham, will be found to be of rare occurrence in early childhood, particularly between the ages of ten and thirty.

Prof. Hare says Fowler's solution in the dose of from one to two drops will often relieve vomiting due to an overstimulated condition of the stomach.

Patients who possess an idiosyncrasy to iodide of potassium and take large doses of it, Dr. Jurist has found will very often suffer from edema of the larynx.

In renal diseases Dr. Salinger says abdominal dropsy will be the last to make its appearance. It will be preceded by dropsy of the face and legs.

Prof. Hare says that chloroform inhalations are often very beneficial in severe attacks of whooping-cough.

Prof. Graham favors the administering of stimulants in cases of catarrhal pneumonia from the very onset.

Dr. Salinger says in cases of chronic parenchymatous nephritis there will be found no blood in the urine.

Dr. Jurist believes that all cases of acute sore throat should be isolated for from about 12 to 48 hours, or until a positive diagnosis can be made of its character.

Prof. Hare says in about three or four days after taking a poisonous dose of sulphuric acid it is a very common condition to have a swelling of the parotid gland.

In examining the urine voided by a patient suffiering from yellow atrophy of the liver, Prof. Wilson says the amount of urea will be found to be diminished considerably.

Prof. Hare says the distilled extract of hamamelis, either taken internally or injected into the parts affected, has been found very valuable in persons suffering from varicose viens.

Fractures of the hinge joints, Prof. Brinton says, are very commonly followed by partial and sometimes by total ankylosis, due to the pouring out of callus into the hollow of articulation.

Dr. Salinger says the dose of nitro-glycerine in cases of chronic interstitial nephritis should be increased until the patient complains of a slight headache and a flushing of the face.

The best remedy for gastric ulcers, in the opinion of Prof. Hare, is the nitrate of silver combined with hyoscyamus.

Prof. Graham reccomends the following prescription in cases of whooping cough.

R. Ammonii bromidi.....drams ij
Ammonii carbonat.....gr. j
Syrup. tolu.....f ounces ij
Aquæ dest.....q. s. ad.....f ounces iij
M. Sig.—Teaspoonful every four hours.

Prof. Hare says the hypodermic injections of the bichloride of mercury should never be resorted to, unless no results can be obtained by any of the other known methods of ordering this drug.

In cases of labor in which we have an interference to its termination caused either by the presence of fibroids or cancer, Prof. Parvin favors assisting the birth of the child by the forceps rather than by podalic version.

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As an injection in cases of gonorrhea, Prof. Horwitz recommends the following:—

R. Plumbi acetatis..... .....gr. xxx
Zinci sulphatis..... gr. xvj
Ext. krameriæ fluid.....f drams iv
Tinct. opii.....f drams ij
Aquæ dest .....q. s. ad ....f ounces vj
M. Sig.—Use an injection three times a day.

Prof. Hare says that Dover's powders will often yield good results in attacks of dysmenorrhea due to being exposed to the cold. Their administration should be preceded by a hot sitz-bath, and a turpentine stupe should also be applied over the abdomen.

Dr. Mann recommends the following prescription as a tonic in tubercular cases:—

R Arsenici iodidi,
Strychninæ sulph.
Hydrarg. chlor. corosiv.....aa gr. j
Iodoform.,
Ft pil x l Quininæ sulph.....aa dram ij.
M. Sig.—One three times a day.

Whenever we have a part of the tonsils or uvula ravaged by a syphilitic patch so that it appears to hang only by a thread, Dr. Jurist says it should never be cut off, but the patient should be put on an antisyphilitic treatment, and it will be found that the parts will generally unite again.

Prof. Hare says if the diuretic effects of the sweet spirit of nitre are wished for, it should be administered in half a glass of ice water and the patient should be but lightly covered. But if the diaphoretic effects are desired it should be preceded by a hot drink and the patient should be well covered.

Prof. Wilson says follicular tonsillitis is a disease that occurs commonly during the time of adolescence. He says sex has no predisposing influence. It is found very rarely, he says, in infants and in people after middle life; but, curiously, it is a disease of very common occurrence in newly married people.

The reason that we do not have manifest enlargement of the glands of the larynx in syphilitic affections, Dr. Jurist says, is, that the size of the glands is so minute and their number so small that by the time the glands should become infected and enlarged, the patient has either become well or has succumbed to the disease.

Prof. Hare says in attacks of bronchitis in which the cough seems to be more excessive than necessary to relieve the lungs of the mucus, morphine will often check it, But if it is noticed that the lungs contain more rales after its use than before, it must be stopped, as this then indicates that more mucus is being secreted.

Dr. A. Hewson says an important diagnostic point in cases of suspected fracture of the upper part of the femur is to make the patient stand

In cases of diphtheria much benefit will be derived by the patient and much will be done toward his ultimate recovery, Dr. Jurist thinks, if he be given as much food and nourishment as he can be made to digest easily.

One of the best preparations that can be employed in chronic parenchymatous nephritis according to Dr. Salinger, is any one of the diuretic iron mixtures, both on account of its diuretic influence and the iron which it contains.

Prof. Hare says that ipecac should be employed in the early stages of bronchitis, on account of its sedatixe action on the mucous membrane and its power to promote secretion. It should be combined with potassium citrate.

Dr. Salinger says that nitro-glycerine will yield good results in cases of chronic interstitial nephritis, not only by its good action on the blood-vessels, but also by acting favorably in producing a diminution of the amount of albumen.

In treating cases of ulceration of the larynx occuring in persons suffering from tuberculosis Dr. Jurist says good results will be obtained by the application of lactic acid, beginning with a ten per cent. solution and increasing from time to time the strength of the solution as the patient becomes accustomed to the drug. But before each application the ulcers must be cleansed of any foreign covering they may have, and this can best be done by the aid of a swab made of absorbent cotton.

Prof. Graham recommended the following in cases of habitual constipation occurring in children:—

R. Liquor potassii arsenitis.....f drams ss
Extract senegæ fluid .....f drams vj
Aq. cinnamon.....q. s. ad.....ounces iij
M. Sig.—A teaspoonful three times a day.

Dr. E. P. Davis says that it will be found to be of very frequent occurrence that women at spring time will have irregular menstrual flows; and especially will this be the case in women who during the winter have been overworked by the demands of society.

Prof. DaCosta says it will be found useful to remember that in the first and second weeks of a regular attack of typhoid fever the morning temperature will be found to denote a regular rise; but in cases of relapse the rise will be sudden and irregular.

In all cases of ulceration of the larynx in which the diagnosis cannot be made positively, Dr. Jurist says potassium iodide should be prescribed for the patient, and its action watched, to see if the ulceration might not have been due to some specific disease.

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in the erect posture, so as to throw the weight of the body on the injured limb, and if the skin and fascia beneath it be loose it will generally be found on further examination that a fracture exists.

Cholera and Its Treatment.

Like one of the past, I shall begin with asking the question: Who in the world knows anything about the treatment of cholera?

It is a question asked with as much earnestness as it was fifty years ago, and so far as the text-books are concerned it is answered by the same lack of true knowledge as it was fifty years ago. I trust to your kind feelings and true charity, when I say that the evidence as it appears to me proves a total deficience and ignorance of its etiology, pathology and diagnosis, and also of the theraputic art.

Dr. G. Ross, surgeon to one of the London hospitals, collected 1,821 cases by himself, and in all he analyzed 6,146 cases. Out of the 1,821 cases of his own collection, he speaks of their treatment as follows:

At the Greville Street Dispensary, 81 cases were by salines, salts of potass. and soda, and cold water in abundance. Death rate, 8 per cent.

At the Droitwick Lunatic Asylum, 21 were treated by tartar emetic. Deaths were 19 per cent.

607 were treated by salts and emetic and abundance of cold water. Death rate, 20 per cent.

331 were treated by calomel alone, and the mortality was 31 per cent.

210 were treated by calomel and opium, and the mortality was 56 per cent., a jump from 31 to 56 as soon as opium was added to the calomel.

167 were treated with stimulants alone, he not saying what kind. Brandy we suppose would be the thing. The death rate again increased to 57 per cent.

356 were treated with stimulants—calomel and opium all combined—and the mortality ran up to 60 per cent.

48 is the last set of cases, and these were treated by venous injections, various salts and water, and the consequent mortality was 39, or at the rate of 80 per cent.

So that of the 1,821 cases we have a difference in the several rates of mortality, according to the mode of treatment adopted ranging 8, 19, 20, 31, 56, 57, 60 and 80 respectively; in other words, ten times more died who had salts and warm water injected into their veins than those who took the same salts and cold water per the stomach, and increasing the mortality again from 7 to 8 per cent. by the use of stimulants alone.

But Dr. Ross does not rest his case on the 1,821 cases of his own selection, but gives three tables: one by Dr. Grave, of London, giving 503 cases; one from Paris, giving 2,748 cases, and another from Vienna, containing 1,074 cases treated in the hospitals of that city and with all sorts of remedies. And yet, after his most careful separation and comparison, he gives us the following conclusion: Out of 3,055 cases, treated by brandy, ammonia and other stimulants, the mortality was 58 per cent. When opium was added, out of 356 cases so treated the mortality rose to 60 per cent.

Such must be our excuse for our opening remarks, however unkind they may seem to be; and before we proceed further, I will state what to all who have seen this disease monster is short but yet full for all practical diagnosis.

1. Flatulency, griping, nausea, acidity and diarrhœa.

2. Cramps in stomach, rice water stools, vomiting, prostration, sinking of the eyes, coldness and thirst; temperature about 70.

3. Collapse, increase of stools, also of prostration and cramps, extending to fingers and toes, color blue, suppressed urine and loss of speech tone.

The fourth and last may truly be called the chamber of horrors—a shrinking of tissues, restlessness, color dark blue, increase of motions, heart's action feeble, tongue shrunken, breath cold, clammy exudation and death.

Such is a word-picture of the symptoms of epidemic cholera; and most all of these take place in about the space of twelve hours.

Now let us see if we understand what we want. In cholera in its manifested form we have a human being who has in his intestines some fully-developed living things called coma bacillus—fast breeders and the most rapid ptomain-producers known.

In the cholera patient we see by the light of physiology that the ptomain of the coma bacillus is exhausting the oxygen which nourishes the whole system, the oxidizing processes ceasing The arterial blood is being changed to venous or dark, carbonated blood, having no life-sustaining power, congesting the liver, lungs, heart and kidneys; hence the feebleness of the circulation, change of color, loss of voice, cramps, rice water stools and suppressing of urine. Stage by stage in quick succession the poisoned stream of life is giving way until it finally closes in death. Who of us are not astonished that facts so simple should not have suggested a more rational treatment than those of the text-books?

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This brings me to the treatment. Amongst the list of remedies I would place three above all others, viz., lobelia, valerian and capsicum. Lobelia, one of the worst-abused medicines and yet one of the best in the whole materia medica —a bacteriacide of the first water from the time it enters the stomach clear down through the alimentary tract, sterilizing the germs, stopping the production of ptomain and preventing cramps by its relaxing power. Valerian is antispasmodic, preventing reflex irritation and nervous exhaustion. Capsicum as a stimulant has not its equal in the whole range of medicines. As a stimulant to the nerves of the ganglionic system no stimulant and sedative will act on the stomach and intestines, both mucous membrane and glands, with such certainty.

These three made into a compound tincture and given in drachm doses in warm cinnamon tea, sweetened and given every half hour, will meet every indication of the first two stages.

In addition to the above for the third and fourth, I would give ten grain doses of salol and flush out the bowels with peroxide of hydrogen or lactic acid, or tannic acid. in proper strength, and wrapping my patient up in a blanket wrung out of hot water and mustard.

Such is a brief outline of a suggestive treatment which, to my mind, meets every pathological suggestion for treatment.—From an article by W. F. Troughton, M.D. Seneca, Kan., in *Kan. Med. Jour.*

Sweet Oil for Appendicitis.—The Medical versus the Surgical Treatment.

Dr. M. O. Terry, Utica, N. Y., details the treatment in the *Journal of Orificial Surgery.*

He first thoroughly evacuates the bowels with castor oil or calomel and soda, or, in cases of apparent complete obstruction, the following:

R Fleming's solution of Atropine.....gtt x
(containing 1-60 grain of Atropine.)
Sulphuric acid,.....gtt x
Tincture of Orange Peel,.....dr j
Sulphate of Magnesia.....dr j
Water,.....oz ½

Give this in the morning, and repeat at night without the atropine. If very urgent, however, give this dose with the atropine every three hours; or the bowels may be cleansed by means of copious enemata of sweet oil followed by hot alkaline solution.

Sweet oil is then administered, one-half ounce to two ounces every three hours, continued until the temperature is normal.

As auxiliary treatment apply to the abdomen hot flax seed poultices over which has been poured hot sweet oil.

Subscribe now for 1894 and get remainder of this year free.

Formulas.

Marasmus.

A valuable formula in marasmus and other forms of wasting diseases:

R. Syr. hyphos comp.....ounces ijss
Syr. acid hypodriodic (Hostelley's)....ounces ij
Pepsin (P. D. & Co's).....drams j
Tinct cardamom. cd .....drams v
Aquæ.....q. s. ad. ounces vj
M. Sig.—Teaspoonful after each meal in wineglassful of good porter or malt.

A special request is made by one of our readers for the formula for "Armistead's Ague Tonic." Any one supplying it will confer a favor upon the profession.

Also for "Oxine."

Also for "Dr. H. Mazley's Lemon Elixir."

For Rheumatism.

Rad. Serpentariæ.....1 ounce
Potass. nitras.....½ ounce
Gum guaiac.....1 ounce
Tr. cantharid.....2 drams
Spt. vin. rect.....6 ounces
Aquæ.....ad. 16 ounces
Sig.—A tablespoonful twice a day—morning and evening.

—*Indiana Pharmacist.*

Laryngeal Diphtheria.

Use alcohol and quinine internally. Use by means of an atomizer. the following mixture frequently:

R. Eucalyptol (Sander & Son).....1 ounce
Ol. terebinth.....1 ounce
Ol. Vaselinæ.....6 ounces
M. Sig.—Apply every half hour.

Asthma.

R. Potass. iodid.....drams ijss
Ext. belladonnæ.....fl. drams iss
Ext. lobeliæ.....fl. drams iij
Ext. grindel. rob.....fl ounces i
Syr. tolutani.....ad ounces iv
M. Sig.—Dr. 1. every hour when necessary.

—*Dr. N. L. Clark.*

Diphtheria and Croup.

R. Potass. chlorat.....scruple ij
Tr. ferri. chlor.....m xl
Syr. simplicis.....ounces ss
Aquæ.....ad. ounces ij
M. Sig.—Two teaspoonfuls every three or four hours.

—*Dr. Ellis.*

Spasmodic Croup.

R. Pot. bromid
Chloral hydrat.....aa scruple ij
Syrup acaciæ.....ounces ij
M. Ft. Sol. Sig.—Dr. 1. or less according to age.

—*Dr. Ellis.*

Mayer's Ointment.

The following is said to be the formula:

Melt together olive oil, 2½ pounds; white turpentine, ½ pound; beeswax and unsalted butter, each 4 ounces; then heat nearly to boiling and add gradually with constant stirring 1 pound of red lead; allow to cool, and when nearly cold add 12 ounces of honey and 8 ounces of pow-

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dered camphor, stirring until the latter is dissolved.—*Western Druggist.*

Headache Remedies.

Headache remedies have come to be staple proprietary medicines in every pharmacy. They are found in the market as wafers, capsules, powders and effervescent salts.

Most, if not all of them, contain acetanilid and caffeine. The following formulas are easily prepared and furnish excellent preparations of their kind.

HEADACHE POWDERS.

Acetanilid.....3 grains
Caffeine.....½ grain
Bicarbonate soda.....3 grains
Mix. thoroughly.

This makes one pill or powder or wafer, as the dealer may choose to make it.

Acetanilid.....3 grains
Salicylate soda.....3 grains
Caffeine.....½ grain
Mix. Make one capsule or wafer.

Acetanilid.....3 grains
Salicine.....4 grains
Caffeine.....½ grain
Mix. Make in capsule or wafer.

This makes a very efficient remedy, but it is bitter to the taste and should be dispensed as a wafer or capsule.

BROM-ACETANILID AND CAFFEINE.

Bromide potassium.....200 grains
Caffeine.....20 grains
Acetanilid.....60 grains
Bicarb. soda.....600 grains
Tartaric acid.....540 grains
Sugar.....440 grains

All the substances should be thoroughly dried and intimately mixed; then moistened with alcohol and rubbed through a No. 12 sieve and dried thoroughly.

Each heaping teaspoonful contains about 10 grains bromide potassium, 3 grains acetanilid, and 1 grain caffeine. The above headache remedies are fairly representative of the preparations in the market and will be found very efficient.—*The Formulary.*

Cuticura Ointment.

The much advertised "Cuticura Ointment" has been found to consist of a base of petroleum jelly, colored green, perfumed with oil of bergamot and containing two per cent. of carbolic acid. —*Northwestern Lancet.*

For Flatulent Dyspepsia.

R. Sodii bicarb.....gr. lxxv
Cretæ præparat.....drams j
Nucis vomicæ pulv.....gr xv
Cinchonæ rubræ pulv.....dram j
Fiant chartæ xx (cachets).
M. Sig.—One before each meal.

—*L'Union Medicale.*

For Vaginitis.

R. Thymol.....gr. iij
Extract. belladonnæ.....gr. xij
Potassii bromidi.....gr. xxx
Olei theobromæ.....drams iv
Fiant suppositoria iv.
M. Sig.—Use as a suppository as needed.

—*Medical Record.*

For an external application in Erysipelas:—

R. Acid tannic,
Camphor.....aa.....ounces ij
Æther sulphuric.....drams iv
M. Sig.—Apply to the part affected with a camel's-hair brush every three or four hours.

Another good application is the following:—

R. Ichthyol,
Lanolin.....aa.....ounces ss
M. Fiat unguentum.
Sig.—Apply to the part affected, and cover with salicylic and gauze.

—*Coll. and Clin. Rec.*

For Granular Lids.

Dr. G. Sterling Ryerson recommends the following:—

R. Hydrargyri oxidi flavi.....gr. iv
Zinci oxidi.....gr. ij
Thymol.....mij
Camphoræ.....gr ss
Cocain. muriat.....gr ij
Vaselin.....ounces j
M. To be applied at night.

—*Therap Gaz.*

For Cold in the Head.

R. Cocaine hydrochlorate.....gr. ij
Menthol.....gr. iv
Boric acid.....gr. xxx
Coffee, finely powdered.....gr. viij
M. Sig.—Take in pinches to the nose five or six times daily.

—*Chemist and Druggist.*

Treatment of Comedones.

Dr. H. von Hebra (*Hospitals-Tidende*, No. 11, 1893) prescribes the two following solutions in the treatment of blackheads:

R. Rose water,
Alcohol,
Glycerine, } aa.....gms. 10 (drams ijss)
Borax.....gms. 5 (drams j¼)
Shake before using.

R. Green soap.....gms. 40 (ounces j¼)
Spir. lavender.....gms. 10 (drams ijss)
Alcohol.....gms. 80 (ounces ijss)

Every morning wash the skin with No. 1, and then rub in No. 2. Then wash off with warm water.—*Lancet-Clinic.*

Treatment of Bronchial Asthma.

Dr. Jas. K. Crook recommends the following:

R. Liq. potass. arsenit.....m. xxxij
Tr. nucis vom.
Tr. belladonnæ.....aa drams iij
Ac. hydriodic.....m. xxxij
Elixir cinchonæ ad.....ounces iv
M. Sig.—One teaspoonful three times a day, before meals. To be carefully increased by five drops a day, if required, until dose is doubled.

—*Post.-Grad.*

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Cuticura Resolvent.

This preparation is said to be:
Take of—

Aloes, Socot	1 dram
Chubarb powd	1 dram
Iodide potass.	36 grains
Whiskey	1 pint

Macerate over night and filter.

—*St Louis Druggist.*

Thomas's Electric Oil.

Take of—

Gum camphor	4 drams
Oil gaultheria	4 drams
Oil origenum	4 drams
Chloroform	1 ounce
Tr. opium	1 ounce
Oil sassafras	1 ounce
Oil hemlock	1 ounce
Oil turpentine	1 ounce
Balsam fir	1 ounce
Tinct. guaiacum	1 ounce
Tinct. catechu	1 ounce
Alcohol	4 pints
Alkanet	sufficient to color

Mix.

—*Secret Nostrums and Systems.*

Wit and Wisdom.

THE Andrews Company inform us that in response to their advertisement in our October number, about all the physicians in the United States requested samples of their celebrated extract of clams, for making clam broth, clam bouillon, etc., However, if any have not yet requested samples it would be well to do so before November 30.h, stating that they will pay express charge on the four full-sized bottles generously offered as samples. Those who wish to procure regular supplies or to encourage the families in their practice to use it are advised to procure it through the regular grocery trade. Physicians are cautioned against using any clam preparations that are preserved by salicylic acid, as the substance is so highly organized and delicate in composition that it must be fairly loaded with the chemical to be successfully preserved by it. The test is simple and easily applied. To one ounce of the suspected article diluted, add a few drops of the solution of the chloride of iron. A deep purple violet color shows salicylic acid. The natural color of the iron solution shows the goods to be pure. The Andrews Co.'s extract is sterilized by an expensive scientific process, is bottled and sealed at a boiling heat, and is warranted to keep pure and fresh. Four full sized bottles free, if you promise to pay express charges. Address The Andrews Company, 812 N. Front St., Camden, N. J.

CHANGED HIS NAME.—"Howdy-do, Hogg?" "My name is Bacon, sir." Beg pardon; but I felt sure that you were Mr. Hogg, the invalid." "So I was; but I have been cured."

THE granules made by the Philadelphia Granule Co., No. 10 South 18th street, all retain the natural color of the active drug which they contain excepting the Aconitine granules, which. for distinction, are tinted with an inert coloring matter. They are readily soluble and are immediately active as soon as swallowed and absorbed. Dr. Henry Beates, Jr., a leading practitioner of Philadelphia, who is exceedingly particular in regard to the drugs he orders or uses, says: "After months of critical use of the granules of the Philadelphia Granule Company, I take pleasure in recommending them as thoroughly reliable in every sense." The season of the year has now arrived when respiratory ailments increase. For these purposes the Coryza Granule, Cough Granule, and Bronchial Granule, combinations (exact formulas given) will be found very successful, when the physician does not desire to use simple granules and make his own combinations. The convenience, accuracy and economy of the granules are causing their use to extend very rapidly. Although specially suitable to country practice, yet city physicians also are generally adopting them. The first physician in a community to take up their advantages generally increases his practice almost at once. Prof. Waugh's new book (price $1.) has made this practice comparatively simple and reliable. Send $3 for a twenty-four-vial filled case (the company's selection.) Send a $10 cash order and get Waugh's book free. Send for full price list, free.

MCARTHUR'S Syrup contains the pure hypophosphites of lime and soda. It is a genuine tissue builder.

SEE the beautiful "Little Daisy" aseptic pocket case of instruments advertised by I. Phillips,. 69½ Whitehall street, Atlanta, Ga.

SENNINE is a new antiseptic made by the Dios Chemical Co., St. Louis, Mo. Samples free.

SEND for samples of Peters' Peptic Essence (free,) you paying express charges. Address Arthur Peter & Co, Louisville, Ky.

PHENOSALYL is a new and most excellent antiseptic mixture prepared by Meister, Lucius and Bruning, Germany, at the suggestion of Pasteur's assistant, Dr. Christmas, Paris. Alumnol has been found to be a most valuable agent in the treatment of diseases of the nose and throat. Antipyrine has added to its already wide range of useful powers that of being a powerful styptic. It will promptly arrest hemorrhage from the nose, uterus or any other locality where it can be applied directly, in powder, to the bleeding surface. For full information in regard to these agents apply to Schultze, Berge and Koechl, 79 Murray street, New York, N. Y.

SALOPHEN (salicylate of phenol, scientifically combined) is a very successful agent in rheumatism. Give fifteen grains six to eight times daily, is the proper mode of administration. For full information address W. H. Schieffelin & Co., 170 and 172 William street, New York, N. Y.

DISCOVERY IN THE PHARMACY OF CASCARA SAGRADA:—A Discovery in 1889 was made by Frederick Stearns & Co., manufacturing pharmacists of Detroit, of a new process whereby the intense nauseating bitterness of cascara bark has been eliminated. For years it has been suspected that this bitter principle bore no relation to or partook of the laxative and other valuable therapeutic properties of the drug. Stearn's cascara aromatic is a sweet fluid extract of prime cascara sagrada bark, not less than two years old, from which the bitter principle has been entirely removed, and the resulting fluid extract aromatixed and sweetened.

Cascara Aromatic is of the same strength as the standard bitter fluid extract and it is from six to eight times stronger than the many cordials, syrups and elixirs of Cascara on the market. It is not only *equal in strength* to the old bitter fluid extract but is sweet and pleasant to the taste. All physicians having a preference for this drug should use this important improvement in their prescriptions. It is to be found in the stocks of all wholesale druggists in the United States and on the shelves of pharmacists. Physicians should not forget in prescribing to order Stearn's cascara

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aromatic, that they may be sure to get the genuine preparation as made solely by us under this important discovery. Samples and literature giving details sent free on mentioning this Journal. Address Frederick Stearns & Co., Detroit, Mich.

PAPOID, the digestive ferment from *carica papaya*, is a valuable digestive agent. It is active in either an acid or an alkaline medium.

FELLOW'S Compound Syrup, of the Hypophosphites is a good and reliable preparation.

SALITONIA is a new saline tonic made by the Phenique Chemical Co., St. Louis, Mo.

USE the Vinolin cosmetic preparations.

WEBSTER'S International Dictionary is a standard for the world.

BY all means try the Elastic Truss made by G. W. Flavell & Bro., 1005 Spring Garden street, Philadelphia, Pa.

FOR free samples of the best medicated uterine wafers, (formula furnished) address the Waterhouse Pharmacy Co., St. Louis, Mo.

THE Ewell Truss Co,, Rochester, Michigan, make a good truss at a reasonable price.

THE time of the year has again arrived when you want the Freligh's Tablets, (for throat and lung trouble) made by I. O. Woodruff & Co., 88 Maiden Lane, New York.

THE Detroit Metric Granule Co., 15-17 Rowland street, Detroit, Mich., makes a fine line of dosimetric granules.

EVERY progressive physician wants an electrical outfit made by Jerome Kidder Manufacturing Co., 820 Broadway, New York, N. Y.

SANMETTO is making a golden record for itself in the treatment of bladder and prostatic troubles.

Send to Hall and Ruckel, 216 Greenwich street, New York, N. Y., for a sample cake of Sozoderma, an antiseptic soap.

B. KEITH & Co, 75 William street, New York, N. Y., make a reliable line of concentrations from medicinal plants.

THE Empire Manufacturing Company, Lockport, N. Y., make a fine scientific supporter, trusses and abdominal bandages.

WALTER F. WARE, street, Philadelphia, makes two specialties in rubber that are highly prized by all mothers as well as by the profession—the Mizpah Breast Pump and the Mizpah Nipple. They have peculiar advantages over any other instruments of the kind. Send for circulars.

N. F. GRAHAM, M. D., Washington, D. C., says: I used Papine in a case of dysmenorrhea, for the relief of which I had previously used all the preparations of opium, and can say that it relieved the pain as promptly as morphine, without leaving any bad after effects, as was the case when I had previously rescribed other forms of opium.

METRORRHAGIA.—T. Henson Smith, L. R. C. P. & L R. C. S. & L. M., Reddish Green, near Stockport, England, says: "I have found the Aletris Cordial useful, chiefly in cases of irregular and difficult menstruations. In one case, a girl of twenty, who has been under my treatment a year with irregular and painful menstruations, I have been able to afford complete relief by giving the Aletris Cordial in teaspoonful doses, commencing about two days before the period, and during the time, of menstruation. I have also tried it in a case of dysmenorrhea, with megrimes. The result has been to remove the dysmenorrhea and relieve the headache. I have found it beneficial in many uterine cases.

THEIR THIRTEENTH MEDAL FOR MERIT.—Our readers will be pleased to learn that our old friends, Wm. R. Warner & Co., of 1228 Market Street, Philadelphia, have just been given the *highest award* by the Committee of the World's Fair for purity and excellence of drug and pharmaceutical products.

APERIENT pill of Sumbul: An efficient combination: Sumbul, or musk-root, is an excellent antispasmodic and nervous tonic. Its action resembles that of musk and valerian. In small doses it stimulates appetite and improves digestion. It allays irregular nervous action and is beneficial in depressed or excitable condition of the nervous system. Sumbul may be advantageously employed in the treatment of hysteria, neurasthenia, neuralgia, functional irregularty of the heart, restlessness, the insomnia of chronic alcoholism, and nervous dyspepsia. The extract is given in the dose of ¼ to 1 grain. It is essential that it be made from a pure specimen. As most of these disorders occur in neurotic individuals—especially women—with impared nutrition, a morbidly sensitive organization, dyspeptic difficulties, and sluggish movement of the bowels. I have advantageously, in many instances, associated it with nervine and laxative remedies. The following combination which I have devised is now put up on a large scale by the well-known manufacturing pharmaceutists, Messrs. William R. Warner & Co. Each pill contains:

℞ Ext. Sumbul. . . . . gr. i.
Asafœtida, ... gr. i.
Ext. Cascar. Sagrad. . . . . gr. i.
Aloin, ... gr. 1-10.
Ext. Nucis Vom. . . . . gr. ⅛.
Gingerine, ... gr. ¼.
M The dose is 1 or 2 pills.

A PHYSICIAN'S EXPERIENCE WITH PHYTOLINE ON HIMSELF.

WALKER PHARMACAL, Co., St. Louis, Mo.
Urbana, Ohio, May 8, 1893.

Gentlemen:—The Phytoline ordered, came in due time, and I began taking it at once. I must say it has done wonders for me. Before commencing the treatment I took my weight carefully and found I weighed 245 pounds. I was feeling badly, was too fat, and extremely uncomfortable. After fourteen days' treatment I weighed and found I had lost nineteen pounds. I feel splendid, can walk rapidly, and not get tired or cause hurried respiration. I feel good, am well pleased with it, and shall continue to subscribe it in my practice. Trusting all persons suffering with obesity will take Phytoline, I am, Sincerely yours.

GEORGE H. HODGES, M.D.

AFTER FIVE WEEKS.

WALKER PHARMACAL Co., St. Louis, Mo.
Urbana, Ohio, May 27, 1893.

Gentlemen: I have prescribed Phytoline for five weeks now, and during that time all reports from its use have been favorable.

GEO. H. HODGES, M.D.

USE Terraline in the treatment of coughs and all wasting diseases. Sample free if you will pay express charges.

As a delicious health drink, Walter Baker & Co.'s Breakfast Cocoa stands supreme.

(*Continued on next leaf.*)

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THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D.,
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Advance in Medical Education

The most distinct advancement we observe recently in the profession of medicine is in the line of education. There is no other profession or business in which a thorough preparation, of every one who engages in it, for the arduous duties and grave responsibilities involved, is of as much importance to society at large. The finer modern pathological differentation of diseases, requiring therapeutics to be more accurate and consequently more successful, makes a more thorough, graded course of instruction absolutely necessary. We are pleased to see that the gradation of the course is rapidly becoming introduced into our American colleges. Also, that the three years' course is becoming general and the four years' course looked forward to by some colleges. An excellent step that is now proposed, is to allow the last two years of the course in literary institutions to contain certain elective studies, preparing the student for his medical course, which he may choose instead of those which relate more particularly to the other professions. Thus the actual length of time required in the medical college need not be increased, and more students could be induced to make thorough preliminary preparation in the general educational branches, if they are assured that a portion of the time so applied may be credited in their medical course

This idea of "crediting" a student for time seems all entirely wrong, anyway. It is knowledge and skill and not length of study term that should stand as a requirement for practice. To this purpose we are glad to see the growing number of the states that require an examination from all applicants for the privilege to practice. We only hope that they will be established upon liberal lines, requiring from all applicants a thorough knowledge of the fundamental medical sciences—chemistry, anatomy, physiology, pathology, toxicology, obstetrics and surgery—and allowing them the privilege of examination by members of their own schools on the disputed subject of therapeutics. We hope finally to see a national board, to whom those could apply who want a certificate which shall be valid whererever they may go within the United States. We also hope to see thorough olinical and laboratory instruction and class-room recitations take the place almost entirely of the didactic lectures of the present day. The student learns least of all by hearing; more by studying, recitation and class discussion; still more by observing what others do and most of all by doing something himself. His mistakes in chemical manipulations, in microscopy, in minor surgery, in diagnosis and in treat-

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ment, should, as far as possible, all be made while yet under the eye of the instructor, where they can be at once pointed out to him, and no suffering or loss of life result from them. When this system is established we can have thoroughly trained physicians and surgeons as a rule, rather than as exceptions. Then, with the required examinations for the privilege of practicing, we could very well afford to allow the length of the course of study to depend upon the results achieved. Then, by unusual industry, coupled with ability, the worthy student could shorten his course somewhat, while the shirk would never get through.

Let us hope that the next year will witness yet more distinct progress in the field of medical education. Each practicing physician may help by sending students only to those colleges that come up to his requirements.

A Neglected Point in Heredity.

Some superficial observers, in trying to establish proof of the alleged mental inferiority of women and also in trying to account for anatomical alterations or constitutional weakness of women, supposed to be due to error in dress, ascribe the condition to heredity, on account of the female ancestors. They forget that the boys and girls of a family are born of the same parents and are likely to inherit the same perfections and imperfections. Thus, the girl is not more likely than the boy is to inherit a weak constitution on account of the mother's tight lacing, too slavish devotion to society or exhausting family cares; the girl is not more liable than her brother is to be intellectually inferior because the mother was not called upon to use her brain in study, business or politics; nor is the boy in more danger than his sister of inheriting his father's taste for alcoholic drinks.

The Ft. Wayne *Jour. of Med. Sci.* has a brief controversy with the *Omaha Bee* in regard to the status of railway surgeons and their relations to other railway employés. This would not exist if the government owned and operated the railroads, as is done in some foreign countries Then the railway surgeon would be an officer of the United States, and there would no longer be any question as to his position or his proper remuneration.

Dr. W. C. Caldwell, of Chicago, published in the October *North Amer. Practitioner* an excellent paper setting forth the need of chairs of visceral anatomy in our medical colleges. We heartily agree with the Doctor's views. The student should *first* learn the important part of anatomy—that of the viscera—even if it takes years. Then he might appropriately finish up with a short time devoted to the anatomy of the extremities. Now this order is practically reversed, with a result that visceral anatomy generally gets almost entirely left out of the course.

As we receive so many inquiries in regard to the medical practice laws of the various States, we call especial attention to a resume of such laws for all the States of the United States, for other American nations and for the continental countries of Europe, printed elsewhere in this number. It would be well to preserve this number for future reference.

WE HAVE reached the close of another year in our efforts to serve the interests of the medical profession and, through it, all suffering humanity.

The measure of our success is somewhat indicated by the earnest enthusiasm and brotherly spirit of our readers as well as by their constantly increasing numbers.

Our special work is to present, as they are developed in the field of research and practice, all the aids that may be relied upon in the actual treatment of disease. Hence we welcome from every worker at the bedside the important facts which he evolves in the line of actual experience. Where else will you find so much valuable help in the practice of your chosen art, from your fellow-practitioners over the entire field, and for so insignificant a cost, as you can find in these pages? We expect to continue during the coming year, as in the past, presenting the newest and best reliable information that will help the physician to cure his patients.

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Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession to this department; also difficult cases for diagnosis and treatment

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Notes and Comments.

Editor MEDICAL WORLD:— Dr. Harris gives us some very interesting notes concerning medical practice in Syria. In spite of their fatalism, the natives seem to have progressed beyond the Faith Cure people, for the latter do not admit the possibility of their God's working by means of human instruments. After all, we must not boast too much of our modern civilization, for it has not been very long since the whole world looked with disfavor on any but supernatural methods of cure.

Dr. Tebb's statements (page 376) concerning the transmission of leprosy by vaccination in Hawaii, are of interest. If they mean that the vaccinators employed virus from lepers, the operators were ignorant of the first principles of their art, and ought not to be permitted to exercise it. But if the anti-vaccinators employ these statements to arouse distrust of vaccination as properly performed, in countries where leprosy is unknown, as is their custom, it is to be regretted. No discovery has ever been made in the medical art, of value equal to that of vaccination. The number of lives saved by it is beyond computation.

In the case of the man who swallowed concentrated lye, mentioned by Dr. Donnelly (page 380) the caustic evidently reached the stomach, but was largely neutralized by the food. The worst effect was therefore manifested in the esophagus, where a stricture resulted. The man does not describe his "inflammation of the stomach," which may mean anything from a stomach-ache to a peritonitis. Probably there were adhesions between the stomach and its neighbors, and the rough jolting of horse-back riding loosened them and started up a local peritonitis. The stricture has been somewhat dilated by this time, but there remains a hyperesthesia of the surface affected, that is relieved by tobacco. This will remain indefinitely. The child vomited at once, because the first effect of the caustic was irritant; it soon reduced the stomach wall to a soft pulp, giving the caustic free access to the peritonal cavity. This renders alkaline poisons more deadly then acids, which may form a hard or tough crust and protect from perforation. The advice given as to chemical antidotes in the books is very crude and untrustworthy, reminding one of the Irishman who swallowed a potato bug and took Paris green to kill it. The editor very wisely points out that the damage is done so speedily that the antidote can do nothing but increase the mischief. If a man swallows a large enough dose of hydrocyanic acid while he has the antidote in his hand, he will be dead before he can swallow the antidote. Caustic acids or alkalies will destroy the tissues before the chemical antidote has time to neutralize the poison. The best treatment is to evacuate the stomach if the pump be at hand, dilute the poison by giving liquids and demulcents, and then relieve pain by morphine in full doses, or by anesthetics. They nearly always die, but we can at least let them die easily, relieved of the horrible agony.

Dr. Hardy's case (page 394) is one of hystero-epilepsy. He must be living in the backwoods that his patient still has her ovaries. If she were in this city the gynecological cutters would have gotten her long ago. In such a case the operation is fairly indicated.

For cirrhoris of the liver. Give five grains of ammonium chloride and five minims of nitro-hydrochloric acid, thrice daily, and apply the same agents over the liver, diluted to one quarter strength. An occasional saline purge, careful diet, and moderate exercise, are to be enjoined.

For Dr. Davis' case of torticollis (page 394) try hypodermatic injections of hyoscine, gr. 1-100. into or near the muscle, with cimicifuga internally; and give the man an ounce of ethyl bromide to inhale when the spasm appears.

In Dr. Shemwell's case (page 394) the hemiplegia appears to be of the embolic variety. I would give him iodides and employ massage for the paralyzed limbs. and the sore muscles.

Many physicians, like myself, have had difficulty in treating leucorrhea. The strongest astringents applied to the vagina fail to have any permanent effect. Believing that the disease, vaginal catarrh, is kept up by extension from the uterus, I recently tried injecting into the uterus a mixture of europhen and aristol in fluid petrolatum. The results have been so good that I feel like recommending the method to my friends.

I am looking up the question of quinine as a

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cause of hemorrhages. Can any of your readers recollect any cases?

WILLIAM F. WAUGH, M.D
1725 Arch St., Philadelphia, Pa.

What Retains the Uterus in Position?

Editor MEDICAL WORLD:—If one examines a healthy living woman digitally per vaginam, he will find that the uterus lies *anteverted.* If he opens the abdomen of a dead woman he will find that the uterus lies *retroverted.* In the living woman the uterus gives to the finger a feeling of elastic mobility. It glides away from the finger but slowly returns to the same position. The uterus moves easily by slight pressure in every direction but always under the feel of more or less tension. The uterus in the living woman is capable of a wide range of movement without being dislocated. It can alter its form and condition and yet return to its normal position. In the dead woman all feel of elasticity has vanished. Its resiliency is lost, intra-abdominal pressure has disappeared with life and the uterus lies uninfluenced by muscular action, retroverted in the hollow of the sacrum Under such facts gynecologists know that there is a difference in the position and feel of the uterus in the dead and living woman. I have observed the difference between the position of a dead and living woman's uterus many times in autopsies. The primary supports of the uterus are not fully agreed upon by all gynecologists. However, I have studied the position of the uterus in many cadavers for weeks at a time and have watched every apparent means of support. In vaginal examination during life I have noted the position of the uterus among several thousand patients.

1. The first and essential primary support of the uterus is the *utero-sacral ligaments.* These two ligaments stretch from the internal os to the connective tissue in front of the third sacral vertebra. They extend upwards on the sacrum to the promontory, at least. Some of their fibres end in the rectum. The utero-sacral ligaments are a backward extension of the vagina. They are composed of muscular fibre, elastic fibre and connective tissue. They are covered by folds of peritoneum The utero-sacral ligaments hypertrophy during pregnancy. However, these ligaments become atrophied in after life frequently from various pathological processes. In young female adults they are often very rigid. I have found them in girls of twenty (nulliparæ) so strong and rigid that the uterus could not be lifted far from the sacrum while performing laparotomy. The utero-sacral ligaments really form the suspensory ligaments of the uterus and no doubt present the changes due to the assumption of an upright position. The utero-sacral ligaments and the vagina extending from the pubis to the sacrum form a hammock in which the uterus swings and rests. The relaxation of the utero-sacral ligaments induces retroversion of the uterus which is the incipient stage of uterine prolapse or sacro-pubic hernia. No doubt in sudden prolapse of the uterus in women, and especially virgins, that these ligaments become ruptured. The office of the sacro-uterine ligaments is to suspend the uterus or to retain the cervix in proximity to the sacrum.

2. The next essential normal support of the uterus is the pelvic fascia. This fascia extends from the white line to the side of the uterus and rectum, it is a fine membrane of considerable strength. The pelvic fascia above and the fascia below lend much aid in strengthening the levator ani, as these fascias act as a sheath to hold the levator ani together. The pelvic fascia steadies the uterus in the centre of the pelvis. Of course it must be noticed that the pelvic fascia, like all the essential supports of the uterus, fixes itself into the neck of the uterus at the internal os.

The freedom of the fundus uteri from any essential or primary support is no doubt due to the original horizontal position of animal life. The pelvic fascia shows itself to be a very useful and strong support if one will sit down and dissect it out slowly for a few days. By this slow work of dissection one appreciates better many relations of the pelvic fascia to other structures. It may be said that the pelvic fascia supports the uterus in a similar manner that a stretched sheet would support a pear with its small end pushed through a hole in its middle and the heavy end of the pear standing erect above the sheet. The fascia plays up and down from intra-abdominal pressure but the uterus retains its position.

3. Another uterine support is the vagina, but still this support is not so direct as the previous two. The thick muscular vaginal walls lie in apposition and form quite a column of tissue which aids in directing the pointed cervix backward toward the sacrum, where its constant bobbing movements will find resistance, and not allow its pointed cervix to open up the vagina like a wedge. Again, the anterior vaginal wall helps to support the uterus quite firmly so long as the utero sacral ligaments are intact. But no doubt if one could cut the vagina entirely away the uterus would not fall immediately, but it would gradually be pushed out, for *one* of its supports would be wanting. The sides (lateral) of the vagina, from their attachment to the pelvic fascia and to the triangular ligament, must afford considerable normal support to the uterus.

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However, when the vagina prolapses it nearly always does so from below up, so that one must be careful in estimating its capacity as a primary uterine support.

4. Another primary uterine support is the peritoneum. It might better be said that the peritoneum is more of a girder or holder together of other uterine supports than a very essential primary uterine support itself; yet it must be classed among the primary, essential uterine supports. It acts like guy ropes on a mast, it retains and preserves the relations of pelvic viscera. It binds the structures of the utero-sacral ligaments together. It holds the muscular layer of the broad ligament in a single effective sheet so it can act as a unit. The broad ligament, for example, supports the uterus in an upright position. It supports the veins, arteries, lymphatics, nerves, tubes and ovaries and keeps all the numerous structures in distinct order, allowing none to become entangled or strangulated. The idea that the peritoneum holds the pelvic (and other) viscera in a distinct and fixed relation is an unfortunate one. It might be said that the peritoneum is the cloth on which the figures (organs) are woven. The peritoneum is the canvas on which are painted the structures of the pelvis, and the peritoneum and objects must retain a definite relation. The pelvic viscera are thrust against the pelvic peritoneum and indent it so that part of them lie or float in the sac freely. Of course, no organ is inside the peritoneal sac, but all are on it outside.

5. Another primary uterine support is the connection between the bladder and the cervix. This support is composed of connective tissue and I have experienced considerable resistance in separating the uterus from the bladder in laparotomy and vaginal hysterectomy. The connection between the cervix and bladder is nearly three quarter inch of strong connective tissue. In the connection between bladder and cervix lies wonderful phenonomen of disturbed urination the in pregnancy and other uterine changes, *e. g.* in anteflexion and anteversion (pathological) the cervix *drags* on the trigone of the bladder where the bladder nerves are concentrated, the dragging is done by the sacro-uterine ligaments which shorten and draw the cervix toward the sacrum. It is not the uterine fundus resting on the bladder that does the damage but the dragging of the cervix on the trigone of the bladder where the nerves aggregate that causes the painful and frequent micturition.

6. A still further primary uterine support is the connective tissue that pads and fills up the intervals between and around the pelvic viscera. As a proof of this fact we know that in old age, when this padding of vigorous youth is absorbed, the pelvic organs prolapse or, rather, intra-abdominal pressure pushes them out. The fat and areolar tissue in the labia, around the vagina, anterior to the bladder, around the rectum and especially in the rectal fascia are the padding and packing which hold the pelvic organs in place This padding holds the organs erect like the padding in a coat; it keeps the organs steady like plaster does a wall. At seventy I have seen severe uterine prolapse or sacro-pubic hernia from absorption of the areolar connective tissue of the pelvis. The pelvis, on the absorption of the tissue and atrophy of organs, becomes very roomy and allows pathological mobility of organs which gives intra-abdominal pressure undue sway.

7. The round ligament is not a primary support of the uterus; it simply aids in tilting the uterus forward, especially in pregnancy. It simply steadies the uterus from excessive backward dislocation. A peculiar feature of all uterine supports is that they are chiefly attached to the uterus at the internal os. The uterus becomes thrown out of its normal position by either relaxation of the supports or shortening of them. FRED BYRON ROBINSON. M. D.

Chicago. Ill.

Cholera Viewed from an Asiatic Stand-point.

Editor MEDICAL WORLD:—For the past year, and especially at the present time, medical journals and daily papers have been and are devoting considerable space to the discussion of the cause, prevention and cure of Asiatic cholera. But almost without an exception they fail to see a way to kill the infection at its fountain head. In fact, many writers fail to recognize whence it arises, and the manner of its spreading all over the world. Every epidemic that has spread over Europe and America for hundreds of years came first in the clothes of Moslem pilgrims from India, where cholera is endemic, who join the pilgrims at Mecca, and the latent disease meets the "y and z" mentioned in the August WORLD (page 286,) and in a few weeks the disease becomes so severe that thousands die and the survivors depart to their homes in the four quarters of the globe, carrying the germs to multiply whenever and wherever the conditions are favorable "Von Pettenkofer's theory of cholera" must impress everyone who has had experience with the disease, especially one practicing in the East, as being very valuable in explaining the strange way in which certain localities escape during a general epidemic. The city of Mecca, lying in a basin, has a permanent population of about 35,000. During the Hadj (pilgrimage) from 75,000 to 150,000 pilgrims become residents for a period of

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from ten days to three months. The accommodation for such a vast influx of strangers is very inadequate.

The rich hire rooms or live in tents, the poor in the streets. The houses where pilgrims obtain rooms are built in flats, and each flat is provided with badly constructed latrines and there are from six to twelve of these in each house. When filled they are emptied into other pits which are dug in the street or any convenient spot, and then covered with soil. In different parts of the town and in the suburbs are a number of these latrines for use of the poor, which when full, are buried in the earth. The burying of the excrement of so many thousands of human beings has been going on for centuries. In addition, the Holy Well of "Zem Zem" is not a spring, but its water is supplied by filtration, that is, the rain water passing down through an over-lying mass of excrementitious matter. Then there is another cause of pollution of the well. The hundreds of thousands of pilgrims (many are diseased and filthy dirty) who must, by the requirements of their religion, bathe five times a day, wash beside it, and the water they use naturally finds its way back into the well. I was told by an eye witness that every morning at a certain hour the pilgrims pass to the well in single file. The water is drawn in an iron bucket, a drink is taken, the balance is poured over the naked bodies and the greater part runs directly back into the well. In view of the fact that the disease of cholera is carried into the body as germs, either in food or water, notably the latter, the report made this summer during the Hadj by an Egyptian physician (a Moslem) in excellent standing in his profession, may not be uninteresting. "The water is highly turbid and has a decided saline taste. One hundred thousand parts of it contains in solution the very large proportion of 827.15 parts of solid matter, of which a considerable amount is organic matter, and of animal origin. The water also contains an enormous quantity of nitrates, the product of the decomposition of animal excreta. The previous animal contamination, calculated from the proportion of nitrogen as nitrates and nitrites, shows that the liquid supplying the well contains in a given quantity—six times as much animal matter as is found in the same volume of strong London sewage. This conclusion is confirmed by the the presence of a very large proportion of common salt, one of the chief constituents of urine. Examined under a careful microscope lens the field was covered with an enormous quantity of dead and living bacteria, and millions of comma bacilli."

This year over 150,000 people have been drinking this cholera-broth *ad libitum* as a precious privilege—for the more they drink, the better they will be prepared to receive the blessing of God and the Prophet,—and dearly they have paid for it, for over 80,000 have died and are planted under the sands or their bones are bleaching under the torrid sun of Mecca; 10,000 died in one day, June 25th. Of 900 who left Tripoli, only 200 returned and the tales of suffering and despair, so unusual to followers of Islam, send horror to one's soul. How long are civilized Europe and America going to sit writing and elaborating upon the etiology, pathology and treatment of Asiatic cholera, and spend millions of treasure and allow the untimely death of thousands of precious lives, when with tactful, yet persistent and determined effort they could stamp out this disgraceful blot on the latter half of this nineteenth century? If the nations of Europe would spend a fraction of the money they spend upon the effort to keep out the disease, and to care for it when it gets in, in bringing pressure upon the goverment who rules (?) the country about Mecca, we would soon see fewer epidemics of cholera. I know of no disease so easy to keep away, and so fatal in its effects, when once it gets started.

In the great day of final reckoning, some one will be obliged to answer for the maintenance of that pest hole, Mecca, in its present condition, and it will not be the poor deluded fatalistic Mohammedans; it will be the political rulers of Europe who are ever ready to move, if it is to enhance their political power, but turn a deaf ear to suffering multitudes who die every year of a disease which could, by concerted action, be stamped out. You may think that it is outside the function of a medical journal to print this, but many noble reforms are first started and finally carried out through the agency of the readers of medical journals. This is a subject which *must* interest the medical profession—whose noble efforts to prevent disease will be rewarded in the end I feel sure.

Tripoli, Syria. IRA HARRIS. M.D.

Editor MEDICAL WORLD:—Having been a constant reader of THE WORLD for two years, I find it a source of much valuable information which is not obtainable elsewhere. I would as soon think of being without my complete medical library altogether as being without the "Physician's Friend," THE MEDICAL WORLD. I keep every number on file for future reference, and find them indispensable, any physician who does not read THE WORLD surely cannot appreciate the assistance of a high grade publication.

Boston, Mass. Wm. A. HALE, M.D.

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Tetanus Neonatorum.

Editor MEDICAL WORLD:—I have obtained many valuable hints and much information from the perusal of your interesting journal, so I will contribute my mite for what it may be worth, to some of the brothers in the profession. The case described below is the only one of its kind which I have met during twelve years of obstetric practice in this city.

On the 24th of October last, I was summoned at 4 a.m. to attend in the expected confinement of Mrs S—, primipara, age 30, white, native of this country, family history good. Her gestative period was uneventful; she enjoyed perfect health all through, without experiencing any of those ailments so frequently complained of by ladies in that condition. Two weeks previous to the related event I made an examination to ascertain her pelvic dimensions and found that everything was in good shape for a natural delivery, excepting that the vaginal canal was narrow. On the above mentioned date, after a good night's rest, she was awakened near 4 a.m. by some sharp, labor-like pains. Upon my arrival a cursory vaginal examination disclosed the fact that the first stage of labor was going on, the os uteri being dilated about one centimeter in diameter. The pains were weak and not very frequent

To cut short, after a tedious expectancy of eighteen hours, wanting good strong pains, the parts rigid and unyielding relatively to the prolongation of the labor, the fetal head being l. o. a. I came to the conclusion at 10 p.m, after having explained to her and her husband the actual circumstances of the case, that the only safe way out of the difficulty was to accomplish the delivery by the aid of forceps, as the baby's head had not advanced one single line in four hours, notwithstanding the change in positions, chloral, cimicifuga, etc. The waters had broken at one p m., the cervix uteri was sufficiently dilated to admit the performance of the operation. Then, after having properly prepared my patient, in about half-an-hour steady traction and manipulation during the successive pains I brought the top of the baby's head up to the vulva; then, disengaging the instruments, a baby girl about seven pounds weight was delivered, alive, but asphyxiated. She had no apparent lesion about her head or body, but a slight swelling and some ecchymois of the skin around her right eye, produced undoubtedly, by the forceps, there being no solution of continuity on the skin. I cut and tied the cord and delivered the baby to Dr. S. H. Smyth, who was assisting me at the operation. The placenta was delivered without delay, and, no hemorrhage ensuing nor any untoward complication, Mrs. S— was fixed up and made as comfortable as her circumstances would permit.

The asphyxiated baby, in the charge of Dr. S., as aforesaid, was subjected by him to the most skillful treatment during one hour or so before she was sufficiently revived to breathe. I tried myself, using my best exertions in the same direction, but we could not succeed in eliciting from our little patient that lusty crying which denotes the full distension of the new born infant's lungs; the breathing of our baby was quite suppressed and the beating of her heart irregular and intermittent in proportion. She was moaning more or less all the time. Taking these facts into consideration I dressed the cord and, applying a loose flannel rolled bandage to hold it in position, without putting on her any kind of garments, I wrapped loosely all over her body and limbs some layers of cotton wadding to allow her the fullest possible liberty of movements, keeping her very warm at the same time, desiring in this way to facilitate any movements that she might be able to perform to secure the expansion of her chest and lungs; surrounding the whole mass with an old soft woolen blanket. I put the baby on a large pillow on a lounge, enjoining that she was to be kept as still as possible. At about 1 a m., some three hours after her birth, she commenced to stretch out her limbs in an irregular and forcible manner; as she did so only once in a while, I did not mind much then about those movements. Everything being all right at that late hour, I went home. At about 3 p.m the nurse in attendance, a very competent and intelligent person, succeeded in putting the baby to her mother's breast, and the baby did some nursing at the nipple, but that was all, as she was moaning and was quite drowsy.

At about 11 a.m. on the 25th of October, thirteen hours after the baby's birth, some tetanic spasms, lasting one or two minutes each, set in, the baby in the meantime screaming as loud as her semi-closed jaws would permit. The distortion of her features, eyes and mouth, the locking of jaws and violent stretching of her limbs and body were pitiful to see. These spasms were at first quite mild, and happened at intervals of about a half-an hour; they increased in frequency and severity afterwards. I was called at once and ordered one drop doses of tincture of belladonna in some sweetened water, every hour; also drop doses of brandy in some boiled milk, diluted with double its amount of water, as frequently as necessary to support the strength of the tender patient. Eight hours in succession this treatment was kept up, but, not showing a marked relief, I stopped the belladonna and prescribed instead chloral hydrate

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in quarter grain doses, given in two drams of sweetened water each, every fifteen minutes; also directed to keep the baby as still as possible, knowing that any movement of the body would increase the pains By this treatment followed during the night of the 25th, until the afternoon of the 26th, the violence and frequency of the paroxsyms were somewhat modified by keeping the baby stupefied under the influence of the repeated doses of chloral. Food was given to her in the same manner as before stated. On the evening of the 26th a recrudescence of the spasms came on more violent in character than before; several times she assumed the position of opisthotonos at the height of the paroxysms. I prescribed that a rectal injection, composed of one grain of chloral hydrate in a dram of water, be given every six hours, alternating with a mixture giving one grain of bromide of potassium and one minum of tincture of digitalis dissolved in two drams of sweetened gum arabic water, and given by the mouth every six hours. Thus every three hours the baby had one rectal injection or a dose of the bromide and digitalis,

The meconium and urine were discharged as in normal conditions. Under such a treatment, which allows more chance to feed the baby, she began to improve gradually—and the intervals between the doses of the injections and medicines were of course lengthened.

On the 28th she took them every four hours on the 29th, every five; on the 30th every seven hours. By the 1st of November she only showed some stiffness and trembling of the jaw and slight contortions about her mouth and eyes, but these quite unfrequently. During the height of the attack, she being unable to nurse from the breast, and I not being willing to have her nourished with any kind of prepared food, I advised the mother to pump out the milk every three hours and to give it to the baby with a teaspoon. It was no trifling affair to perform that task, having to forcibly open her jaws to introduce the spoon; but as soon as she felt the spoon and the milk trickling over the tongue she swallowed. After the gradual cessation of the tetanic spasms, about November 1st, her breathing was yet quite suppressed (like in those suffering from an attack of acute pleurisy), and the action of the baby's heart was not so irregular and intermittent. I discontinued the chloral, bromide and digitalis and ordered one drop doses of fluid extract of cactus grandiflora every eight hours in some water. On the 3d instant, noticing good improvement in her breathing and pulse, the dose was reduced to two drops a day, and on the 8th, I stopped the medicine entirely as her pulse was perfectly regular, 120 per minute. Since then she is able to nurse from her mother's breast and is improving rapidly. The baby sleeps well, her secretions are regular, and it seems as if she does not like to be disturbed at all from her couch, unless she is taken to be nursed.

New York City. G. A. Romero, M.D.

Milk Sickness

Editor Medical World:—In October number Dr. L. M. Albright calls for a discussion of milk sickness. Having had experience with it not only among patients but in my own person as long ago as 1860, and subsequently, I am interested in it. A very good description of it is to be found in the last edition of "Wood's Practice," since when it seems to have been ignored by systematic writers. In "Pepper's System of Medicine," while many pages are devoted to the discussion of diseases that not more than one American physician in a thousand ever has seen or ever will see (relapsing fever for instance), milk sickness is mentioned once only, and then incidentally by a veterinary surgeon, in writing of Anthrax (p. 936 Vol i) where he remarks that the germ in milk sickness is a spirillum

In that one sentence is contained as far as I know—the only approach to the discovery of its cause, which has been the subject of thousands of conjectures for the last hundred years. My experience with the disease since the fever thermometer came into use has been limited, but has convinced me that the temperature is very generally low: frequently subnormal. The most prominent diagnostic symptoms are the most intense nausea, vomiting, obstinate constipation and a peculiar fetid odor of breath and secretions which has been well described as like a mixture of the smell of chloroform with that of a badly salivated mouth, and which once encountered can scarcely afterward be mistaken. There is often a flushed face, suffused conjunctivæ, slow pulse and evident congestion of the stomach.

The indications for treatment are; remove the cause (kill that spirillum) and eliminate the morbid material left by it from the blood. Alcoholic stimulants will be tolerated by the stomach better than anything else and in my experience have proved most useful as an antiseptic. Active mecurial purgatives seem to fulfil the second indication best. I have often incorporated a drop of ol tiglii in two or three blue mass pills to commence with and followed with a dose or two or more of calomel with excellent effect. For a long time after convalescence is established these patients, upon any exertion sufficient to warm them up, will grow weak, faint and go to vomiting; a condition which a dose of dilute alcohol will relieve very

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soon. Tonics find their appropriate place during the convalescence and any complications must be met as they arise. The great thing to do to clear up the etiology diagnosis and affirm a reasonable treatment for the disease is to catch and study that "spirillum" which must be done *soon* if at all as it is fast disappearing, at least from our country. I hope if any can elucidate that particular part of the subject they will not hesitate to let their light shine (through THE WORLD) that others, seeing their good works, may, by scearching in dark corners, find the unknown causes of other diseases which now fill our minds with trouble.

Murphysboro, Ill. O. B. ORMSBY, M.D.

A Review of the Field.

Editor MEDICAL WORLD:—From March to the middle of June, the doctors of Camden county, N. C., have very little to do, May being the healthiest month in the year. About the last of May stomach and bowel troubles set in and continue through June, increasing in violence until the end of the month, sometimes running over into July. From this time until frost malarial fevers predominate and the doctors have a big run until the first of November. This is the period I wish to review. I propose to illustrate the different types of these diseases by a few typical cases as they occurred in my practice, from a clinical standpoint, leaving theory to others.

CASE 1. Called June 8th, 1893 to see an infant, age four months, suffering with pain, frequent muco purulent discharges tinged with blood, irritable stomach with occasional vomiting. Temperature, 100° F. This child had been sick several days before I saw it and had been treated by its mother with Godfrey's Cordial, paregoric, etc. She had also been feeding it with milk and grated cracker, although it nursed with avidity.

I directed all food discontinued except its mother's milk and allowed to nurse only every three hours. Put it on sulpho-carbolate of zinc, gr. 1-6 every hour. Also to control pain gave Waugh's Modified Dover's powder (morph. sulph. gr. 1-134; emetine, gr. 1-250; camph. monobrom, gr. 1-12,) *pro re nata*. This treatment was continued two days when all trouble ceased. As a tonic I directed copper arsenite, gr. 1-1000, three times a day and discharged the patient.

CASE 2. Mr. D., age 35, called me August 5th, with the following history and symptoms:

Malaise for ten days previous to my first visit and for which he had taken from 10 to 15 grs. of quinine nearly every day without any improvement. Had had no chill, but anorexia and some little nausea were constant during the ten days referred to. The patient had not taken his bed until the 4th and at night was somewhat delirious

Aug. 5th, a.m. Temperature, 103° F.; pulse, 90 per minute; a dark-brown sordes covering the tongue and teeth; chilliness, headache, extreme anxiety; excessive restlessness and constipation.

P. m. Temperature, 104° F.; pulse, 120 and other symptoms about the same.

Diagnosis: — The so-called typho-malarial fever of eastern North Carolina, though I do not like the name, as often no marked periodicity is present and quinine in many cases is worse than useless. "Continued" fever is a better name and the one I prefer and hence shall use. In typhoid fever, the disease originates from the typhoid germ and never *de novo*; the temperature rises *gradually*; the discharges are liquid from the start and never so in continued fever. In typhoid the bowels are very responsive to purgatives; in the disease under consideration, constipation is nearly always present and purgatives are called for at the beginning; tympanites in typhoid, none in continued fever and no tenderness on pressure or gurgling in the right iliac region, in the latter disease. Hence in this case malarial and typhoid fevers must be excluded,

Treatment:—Morning, podophyllin, gr. 1-12; alum, gr. 1-12, and calomel, gr. 1-12, one granule of each together every 2 hours until bowels are moved. For fever:—The Dosimetric trinity (aconitine, gr. 1-134; digitalin, gr. 1-67; strychnine arsen., gr. 1-134) one of each together every hour.

Evening:—Continue treatment unless fever subsides and bowels are moved.

Aug. 6th. Bowels moved freely during the night; temperature, 100° F; pulse, 80, soft and regular; tongue moist and cleaning off at the edges; no nausea or jactitation.

Treatment:—Dosimetric trinity every two hours during the day.

Evening:—Temperature, 102° F.; pulse, 100; tongue moist and still cleaning off; other symptoms about the same. Same treatment.

Without going further into details, this patient continued to improve, and on the 10th, five days after treatment commenced, was discharged as convalescent.

Nothing was allowed as food but milk until the fever was subdued.

In the treatment of this case I wish to call attention to the fact that *nothing was given*, except on the first day, but the Dosimetric trinity.

CASE 3. Before dismissing the subject, I

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wish to call attention to another case of this disease in a young man, age 19, taken under treatment Oct. 15th. Temperature, 106° F; pulse, 120, tense and full; respiration quick and puffing; muttering delirium, epistaxis, loss of flesh and strength and very pronounced debility. He had been given before I saw him, a dose of calomel, 15 grs., followed by *20 grs of quinine every day for four days* without any benefit. At my visit I found a tendency to diarrhea, two or three loose operations in the 24 hours. No gurgling or tenderness in the right iliac region or any appearance of petechia. I directed the quinine discontinued and put him on the defervescents (aconitine, gr. 1-134; digitalin, gr. 1-67; veratrine, gr. 1-134), one granule of each every hour until temperature is reduced. Also give spirits turpentine, 10 drops every 6 hours. No food but milk. This treatment was continued for four days, varying the time for giving the granules as indicated by the temperature The turpentine was discontinued at the end of three days as symptoms of strangury appeared. The improvement was continuous until discharged, Oct. 24th

In this case the nervous system bore its part in the burden of the disease and the patient was extremely weak and emaciated Egg-nog was occasionally given with the milk and as a tonic.

℞. Ext. nucis vom.....grs. x
Quininæ sulph.....grs. xxx.
M. ft. pil. No. xxx.
Sig. Give one pill three times a day.

Discharged.

These two cases will serve to illustrate my management of "continued" fever. Under the *expectant* plan this disease is apt to become a *continued* fever indeed; but, under the dosimetric plan, "continued" fever is a misnomer.

CASE 4. Called Sept. 10th, 1893, at 4 o'clock p. m., to Miles A., age 10 years, with malarial fever of the congestive type. At 2 o'clock, p.m. he was taken with a convulsion, when I was sent for.

Found the patient perfectly unconscious, with so much restlessness as to require his attendants to be constantly at his bed-side to keep him on it. Had had, for several days before my visit, intermittent fever of the tertian form, which had caused no alarm, as this had been the case several times before and had readily yielded to quinine.

Temperature, 106° F.: respirations 30; pulse, 140, tense and very irregular; surface covered with a cold perspiration and bowels constipated. When in convulsions, opisthotonos strongly pronounced.

Ten or fifteen years ago I would have bled this patient to syncope and given calomel to ptyalism if he had have *lived long enough.* Had this treatment been followed and the relief been prompt, it would have left the patient in an anemic state and convalescence would have been extremely slow, or perhaps resulted in a typhoid condition

Treatment. Defervescent compound (aconitine, gr. 1-134; digitalin, gr. 1-67; Veratine, gr. 1-134) every 15 minutes. Sinapisms to the nape of the neck, extending down the spine, and for the bowels the following:

℞. Hydrarg. chlor mite.....grs.xx.
Podophyllin.....grs. ij.
Sacch. alba, q. s.
M. et ft. pulv. No IV.
Sig. One powder to be given every 2 hours to be followed by Seidlitz salts as soon as patient is able to swallow it.

In addition to the defervescent compound I gave one granule of Morph. Sulph. gr. 1 134: emetine, gr. 1 250, and camph. monobrom, gr. 1-12, every 15 minutes with the above.

I remained with him until 4 o'clock a.m., and persistently followed the same treatment with very little abatement of the symptoms. But I relied upon the success of the plan and calmly awaited results. At this time I left and directed the father, a very intelligent gentleman, to continue treatment until the thermometer admonished him to desist, when the granules should be given less frequently

Sept. 11th, 4 o'clock. p m. Bowels acting finely; temperature, 102° F.; less jactitation: pulse, 100, full and more regular and quiet, still partially unconscious, and great thirst.

Continued defervescents, one granule every hour, quinine, 2 grains every two hours until five doses are taken.

From this time onward improvement continued until Sept. 15th, when I discharged him, prescribing

Quininæ sulph.....grs. lxiv.
Tr. ferri chlor.....f dram iss.
Magnesii Sulph.....oz. ss.
Aquæ q. s. ad.....f pint j.
M. S. Take a teaspoonful t. i. d.

The above is a typical case illustrative of many which I have had this season.

The ages ranged from 6 months to 12 years old and not a case has terminated fatally under the above treatment, modified according to age. For the nervous symptoms in infants I use Dr. Waugh's anodyne granules (nickel brom. grs. 1-134; codeine sulph. gr. 1-134; pulv. ipecac, gr. 1-134; lithium carb., gr. 1-25; ol anise, gr. 1-124) giving one or two every fifteen to thirty minutes, until desired effect.

CASE 5. This is a case that has gone the rounds of the profession. I wish to submit it only to call the attention of your readers to my plan of feeding such patients. I have been attending the patient occasionally for nearly twelve months, principally for dyspeptic symptoms. She has taken all the digestives, tonics

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and astringents and is a confirmed invalid. Some two months ago she made a visit to Tidewater, Virginia, where she was taken severely ill with acute dysentery. After her return to this place I was called to see her when the disease was still active. Gave the usual remedies until the stomach became so irritable that it would not retain anything. Sulpho carbolate of zinc, gr. 1-6, would vomit her as soon as an emetic dose of ipecac. The stomach would literally *retain nothing.* Great emaciation and debility resulted, of course. I called to mind a similar case that happened in my practice fifteen years ago in the person of a retired naval surgeon and put this lady upon the same regimen, viz:

Rinse the mouth out and gargle the throat with a swallow of strong whisky without swallowing *one drop* of it Break an egg *into a wineglass without mixing the white and yoke together* Immediately after using the whisky take the egg from the glass and swallow it *whole.* Immediately after swallowing the egg, rinse and gargle the mouth and throat again with the whisky.

This she did, and to the surprise of the family and friends, the egg was retained. I prescribed three eggs daily, then four, then five and improvement commenced. The nausea and dysentery, sour eructations, frontal headache and insomnia, vanished. Nothing was allowed but the eggs and improvement steadily progressed, with marked increase in flesh and weight, but the treatment was too monotonous for the family and a consultation was requested and granted. My friend, Dr. S—, met me and suggested in addition to the egg treatment freshly expressed rare beef juice and

Ext. nux vomica,.....grs. 1-8
Pu v. ipecac,.....grs. 1-6

in pill, one such pill to be taken three times a day, which I accepted. I am sure that the beef juice and nux vomica would not have been retained prior to the use of the eggs, for I had had her on strychnine, ipecac and sulpho-carbolate of zinc at different times and the stomach would always rebel. The eggs prepared the way and put the stomach in condition to retain other food and medicine. This case is still on hand and the improvement is perfectly satisfactory. I have used this egg treatment in many similar cases and have never seen the stomach reject one of them. In using them it is necessary to observe the exact plan laid down above. This is my "food" contribution.

CASE 6. This case presents a remarkable feature to me, from the fact that the patient could not take quinine without its producing something like hysterical convulsions.

I was called, Oct. 15th, to Mrs. S.— with remittent fever of a mild form. She was treated with the usual remedies, except quinine The family insisted so strenuously that she could not take quinine without producing the effect alluded to that I forbore giving it excepting as follows:

Quinine arseniate, gr. 1-67, one granule *every two hours,* not allowing them to know that she was taking any quinine. At my second visit I found that the hysterical attacks had come on during the night after taking only six granules or about 1-10 gr. of quinine and were well marked at my visit. The quinine was discontinued and pulv. opii, gr. ¼; camphor, gr. ½, was given every hour, commencing four hours before the expected exacerbation and to be discontinued after six doses were taken, to be repeated every day until the patient was relieved. This took place after the second day and Seidlitz salts given to prevent constipation I then put her on liq. potass arsen. and sodii hyposulphite which toned her up and, as yet, the chills have not returned.

This article is already too long and I am admonished to close. My excuse if any is needed, for writing it is to call attention to the Dosimetric treatment in order to induce the bretheren in my locality to try it In the largest practice I have ever done in 35 years during the month of September, I have not lost a case of acute disease and I unhesitatingly attribute my success to the treatment outlined above.

South Mills, N. C. JOHN H. POOL, M.D.

A Case of Typhlitis.

Editor MEDICAL WORLD.—Allow me to present the following interesting case:

I was called on the morning of September 8, 1893, to see Peter N., age 25, married, with following history: He commenced to complain on September 6, with what he commonly termed belly-ache, followed by a circumscribed tenderness in right iliac region. He told me he had eaten a great many grapes a couple of days prior to his getting sick. The seeds were eaten as well as pulp of grape. This continued until the morning of September 8, when on my arrival, the following symptoms presented themselves: He was lying on woodchest upon his right side with legs flexed upon his abdomen. He could not walk without causing pain in right side above crest of ilium. His tongue was heavily coated, anorexia and constipation, pulse 102, temperature 102°.

On examing the abdomen I found a circumscribed tenderness about the size of a silver dollar, from an inch to an inch and a half above crest of ilium. On percussion there yielded a

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tympanitic note with crepitation. There was no swelling as yet. I had him put to bed immediately and prescribed six calomel powders of gr. one-sixth each, to be followed in a couple of hours by magnesia sulph, which produced two copious discharges from bowels. His diet was milk, animal broths, etc. His wife told me that each passage contained a great number of grape seeds. After the first day the peristaltic movement of bowels was retarded by the use of tincture opii deod. and moved every other day by an enema of warm water and soap, I cautioned his wife to examine every passage carefully for grape seeds. I gave him spirits etheris nitrosi, drams i every three hours, to keep kidneys and skin acting and to lower the fever. Externally, a mustard plaster, followed by turpentine stupes. It will not be necessary to take up every day in detail, hence I will give you a record of temperature and pulse from the day he was first seen until the day when last seen.

		Tempt.	Pulse.
Sept. 8	Morning	102°	102
" 9	"	101½°	90
" 10	"	99½°	80
" 11	"	100°	66
" 12	Evening	102°	66
" 13	"	103°	84
" 14	Morning	102⅝°	84
" 15	"	101¼°	84
" 16	"	101⅜°	84
" 17	Evening	101½°	78
" 18	Morning	100¼°	76
" 19	Evening	101⅝°	88
" 20	Morning	100¼°	78
" 21	Evening	100⅜°	72
" 22	Morning	97°	54
" 23	Evening	97½°	60
" 24	"	99°	72
" 25	Morning	97°	54
" 27	"	97½°	54
" 29	Evening	98°	66
Oct. 1	Morning	98°	66
" 4	"	98⅜°	80

Every day on my arrival I would find more tenderness and swelling, the inflammation more diffused and radiating to lumbar region. This state of affairs continued from bad to worse. He could not lie on his left side at all; his position in bed was either on his back with right leg flexed, or upon his right side with both legs flexed upon the abdomen. Whenever gas would pass through the inflamed cecum it would create intense pain. On the morning of the 14th I made a change in the external application. Instead of using turpentine stupes I ordered ice, shaved and put in a bladder and applied to the inflamed area. This was kept up continuously until September 21st when it was discontinued. The day previous (September 20) I gave him an injection and in the passage was a grape seed. On the evening of September 21st, when I called to see him, I could readily see that impaction was taking place and he was suffering great pain. There was a bulging, doughy mass in the iliac region, extending over to the median line and up to the umbilicus. The impaction was so complete that the gas was prevented from escaping. So, I took about two quarts of warm water and soap and flushed the colon. This was done by raising the hips about a foot higher than the head and shoulders, and legs flexed. He said he could feel the water passing to the inflamed spot. In a short time there was a copious discharge from the bowels, and that night the swelling disappeared, and also the pain and fever left. The next morning when I called his pulse was 54 and tempterture 97° and body in a cold perspiration, showing great depression of all the vital forces, hence I ordered stimulants, (whisky, egg-nog, etc) and prescribed aromatic spirits of ammonia.

The treatment from the day the fever left until the case was discharged was as follows: Turpentine gtt. x *t. i. d.*, internally, and elix. quinine, iron and strychnine; a glycerine suppository was used every day to move his bowels. His weight before taking sick was 148 pounds, and after he got out of bed it was 121 pounds, a loss of 27 pounds. What produced all this trouble must have been the lodgment of a grape seed or seeds in the folds of mucous membrane of the cecum. The most peculiar symptom in the case was the extremely low pulse in contrast with the temperature. D. W. Styer, M.D.,

Churchtown, Pa.

A Practical Hint in Vaccination.

Editor Medical World.—It is very evident, judging from all returns, that vaccination does not protect in the way it was supposed to do half a century ago—but it is plain to see the protection it does afford in rendering the disease so mild. When I commenced vaccination it was nearly all done from the crust. I think I used to get perfect results and I am not aware, of the immense number I have done, that any ever took smallpox. (Of course this is not perfect evidence). I was constantly so afraid that I might go astray from using vaccine from some child that I did not know the history of, that I was very careful. However, I gladly availed myself of the animal vaccine, now almost altogether used. I find that the largest number of vaccinated persons taking smallpox had only *one* mark; hardly any, four marks. I have, therefore, determined in future always to use *two* points and aim at having *four* good marks.

There is a very bad practice connected with

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public vaccination—*one* glass of water for all. Now, among all these children some may have syphilis not visible. We are told that the blood will communicate it—a point is moistened and rubbed in; sometimes it requires to be re-moistened; that point is stained with blood; it is dipped in the glass; who can tell how minute a quantity of blood *might* infect. Why should any risk be run. The proper way is to throw out the water that any point has been redipped in and rinse out the glass well. I may say that I have vaccinated upwards of sixty years, as I commenced as a student.

T. C. MEWBURN, M.D.

Toronto, Ontario, Canada.

Polypharmacy.

Editor MEDICAL WORLD.—Relative to polypharmacy, or the "shot gun prescriptions," and the interesting article by Dr. Benj. Edson, in THE WORLD for November, I should like to say a few words. There is, of course, a limit to the number of drugs that can be combined in a prescription to produce a desirable systemic effect.

It is my opinion that a favorable result is more often obtained from a good and rational combination of drugs having similar or even entirely dissimilar physiological action than from any single active principle.

Under this heading might be mentioned numerous remedies, some of which would be designated by the term *farrago* They are, however, in constant use by physicians who are eminently successful and who keep abreast of the times as practitioners. It is a fact to be deplored that few, if any, of our officinal drugs can be depended upon as specifics in every case of a particular disease.

Personal idiosyncrasies must not be forgotten. Typical cases are not always the rule.

Even with accurate and well assured diagnosis the physician can not always feel safe in relying upon any single medicinal agent.

It may not be that he lacks confidence in himself, but he has misplaced confidence in a drug from which a favorable action might have been expected.

Reviewing the clinical tests of various lauded medicinal substances, one finds that a certain proportion of the cases under treatment are not benefitted at all.

Failure to obtain a desired physiological result often means disaster—to doctor as well as patient.

R. B. WEST, M.D.

Guilford, Conn.

The Formation of Gall Stones.

Editor MEDICAL WORLD:—The first step in the formation of gall stones is the loss of the watery constituent of the bile, which amounts to 80 per cent of its bulk, and which is probably absorbed by the coats of the gall bladder. After this loss the bile becomes thick and inspissated, becoming more dense the longer it remains in the cells of the gall bladder. After a time these detached particles of inspissated bile become coated by a continuous supply of thick mucus from the numerous mucous glands which line the cells of the gall bladder, which in time hardens and causes these concretions to resemble small stones and incorrectly called "gall stones." Taking on the form of the numerous cells of the mucous lining of the gall bladder, these concretions are of all sizes from that of a grain of wheat to that of a large pea. The smaller ones escape into the bowel while those too large to pass through the cystic duct are the cause of the attacks of hepatic colic. When cut, a gall stone is seen to consist of two substances; the inner is formed of inspissated bile and an outer coating which causes them to resemble a small stone *which consists of dried mucus.* In fresh examples the thin layers of this outer coating can be separated by the thumb nail into thin layers, which have a faint rose color and which harden by time and exposure to air, when they resemble a small stone and when cut by a knife resemble soft talc. This outer coating, when dissolved in chloroform and precipitated on a glass slide *is seen to consist of thin, clear mucus.* In the herbivora the gall bladder is coated by a thick white-of-egg like mucus, but the mucous lining does not present cells as in man; the bile is thin, more abundant and watery than in man. By this we should be admonished to give those disposed to hepatic colic a vegetable and fruit diet and to take horseback exercise.

The bowels should be regulated by a piece of ext. rhei, aloin or podophyllin and belladonna, with the addition of fel bovinum to supply the deficiency of the biliary secretion, assisted by saline mineral waters, especially those containing large quantities of carbonate of soda, which thins the biliary secretion. Gall stones are found in persons of constipated and sedentary habits, especially females. I never had a male patient in fifty-four years of practice. I never heard of one.

W. D. HARTMAN, M.D.

West Chester, Pa.

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Calcium Sulphide in Systemic Infection.

(THIRD PAPER.)

Editor MEDICAL WORLD.—From the consideration of stomatitis in my previous paper we pass naturally to the subject of tonsilitis, which is simply the local manifestation of a constitutional condition whether it be acute follicular, suppurative (quinsy), or chronic. These distinguishing names simply indicate the quality of local lesion; the constitutional condition is always the same, only varying in degree, and is always amenable to the same treatment.

Some influence, usually atmospheric, causes a vasomoter constriction of the surface capillaries, elimination through the skin ceases, materies morbi accumulate in the blood, indicated by the fever which at once supervenes, the degree of accumulation being manifested by the intensity of the fever, and the season of the year or predisposition of the patient determines the explosion and the pharynx and the tonsils are the parts more commonly involved. The tonsils are richly supplied with glands that secrete their own special mucus and follicles which, dipping into the structure, give exit to the ducts from the glands above mentioned. As the secretion of these glands becomes vitiated and flows on up the follicle and out over the surface it solidifies and shows as a minute white spot at the mouth of the follicle, lining the little cavity of course, or spreads out and unites with its neighbors to form a patch. We call this "follicular tonsilitis." If by sudden and violent explosion the tonsil swells quickly, closes the mouth of these follicles and retains the vitiated secretion above mentioned, an abscess threatens and we call it "phlegmonous tonsilitis" or "quinsy."

I will not go further into the why and the wherefore of the various manifestations, for it is simply a matter of degree in the attack and predisposition on the part of the one taken.

One line of treatment is always indicated 1. Arrested elimination must be reestablished, 2. accessory eliminative function must be stimulated, 3. effete materials circulating in the fluids of the body must be destroyed and, 4. local irritation must be soothed. On the speedy, wise and harmonious accomplishment of the four indications depends our success.

Fortunately there are numerous ways of bringing about physiological and chemical reactions or we would often be seriously handicapped in our work, therefore, I am only justified in emphasizing those measures which seem to me most rational and which have been potent factors in my success. Following the indications mentioned above we will (1) put our patient to bed, adopt the well-known measures to produce perspiration and give granules of aconitine, proportioned to age and condition; (2) then we will give small doses of calomel frequently repeated until a grain or more has been used, when we will flush the alimentary canal, at the same time stimulating the renal circulation with seidlitz salt. The next (3) indication, we will meet with calcium sulphide, one to three granules, 1-6 gr. each, every half hour and the last (4) with cold in the first or acute stage and heat with mild astringents in that of resolution, to either of which antiseptics may often wisely be added.

To be more explicit, let us suppose we are called at 8 a. m. to a boy of fifteen, exposed the day before, taken with a chill after supper, found now—after a restless night—with headache, high fever, 103° F, bounding pulse, 120, and a sore throat. If he has bravely tried to get out, and is up, we'll send him back to bed, between blankets if possible, put bottles of hot water enclosed in stockings at his feet and under his arms, applying cold cloths to his head and tell him to gargle ice water often and to hold lumps of ice in his mouth, with whatever plain or acidulated drink he craves. From our case we will dispense a combination prescription to meet the several indications as follows:

Aconitine amor....gr 1-134, M. First indication
Calomel.....gr. 1 6 10 Second "
Calcium sulph.....gr. 1-20 Third "

And order one of each of the first and second with two of the third given every half hour till all are taken, to be followed one hour after the last dose by a saline cathartic preferably the seidlitz salt, two heaping teaspoonfuls in half a glass of cold water.

At our evening visit we shall find a great amelioration of all the symptoms and be governed in our prescription by the relative prominence of the four indications we have discussed, making no change in drugs except to leave out those no longer needed. A second dose of seidlitz salt may be needed early the following morning after the action of which our patient will likely be free from fever, "feel first rate" and "want to get up." All right, we'll let him and give him a little vial of calcium sulphide and potassium bichromate gr. 1-67 to carry in his pocket with instructions to take one of each every two hours, swallowing the former and dissolving the latter on his tongue, continuing this with the morning dose of seidlitz two or three days. We can now dismiss our patient, feeling that he has made a prompt recovery and with a reasonable expectation that he will escape the low chronic catarrhal condition that too often follows these acute attacks.

The above may be considered a typical case in which the physician has been wisely summoned early when a rational treatment may be

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expected to give a favorable result. Cases complicated by personal peculiarity or domestic interference in the early stages are the exceptions that prove the rule.

I hoped, as they are so closely allied, to associate the discussion of diphtheria with the above but I believe it will be better to leave that for my next paper. W. C. ABBOTT, M.D.

Ravenswood, Chicago, Ill.

Cord Around the Neck Three Times; Still Birth.

Editor MEDICAL WORLD:—I have had a recent obstetric experience which was new to me, and may be to your readers. It was a case where the cord was wound around the neck of the child three times, which so shortened it that, when the contraction of the uterus forced down the head, it caused so much tension and compression that the circulation was cut off and the child was asphyxiated.

The mother was a primipara, 23 years of age, strong and healthy. The vertex was the presenting part The labor was slow, so slow, in fact, that I think the child was held back by the traction of the cord, and it was only by repeated examinations and insinuating my finger between the os and the head, and so dilating the former, that any progress was made. I did not like to give ergot at this stage in a first labor as it sometimes causes such violent contraction that the perineum usually suffers.

However, I concluded I could not do any better, so I gave a few dram doses. For awhile the pains increased but finally died away, and for about an hour and a half everything was in a state of rest. I was just preparing to to use the forceps, when violent pains came on, and the head began to advance rapidly. It is probable that the placenta became detached at this time and so allowed the head to come down; there was danger to the perineum now, as it was not much relaxed.

I kept my thumb on the child's head and, with the fingers of the same hand, manipulated the perineum and endeavored to slip it over the forehead.

In this I partially succeeded, although there was a slight rent, which was remedied later on. There was no circulation in the cord, and the child was dead. I tried various means but could not restore it to life. The woman got on nicely and made a good recovery. M. C. R.

New York.

MY DEAR EDITOR:—I still hold fast to my first impression as regards the visiting list and ledger. They are worth to me at least $500 a month. *None as good.* THE MEDICAL WORLD is still at the head for general information on the practice of medicine.

A. F. PATTEE, M.D.,

94 West Springfield St., Boston, Mass.

Sciatica.—Rheumatism.—Headaches.—Electricity.

Editor MEDICAL WORLD:—Replying to the query on page 360 of the October WORLD, I will say that it is a most difficult matter to say exactly just what part of the brain or head aches when we have headache. The pain might be in any or all of the parts mentioned. It is best, I think, to rather first, in the language of Hamlet:

"Find out the cause of this defect, or rather say the cause of this effect, for this effect, defective comes by cause,"

And then endeavor to remove the cause. Mental influences, grief, fear, anxiety, too close application to work or study, ocular defects, bad ventilation, biliousness, bad teeth, late hours and excesses, middle ear trouble, menstruation, all may cause headache. And right here is where so much damage is done by these patent headache powders which are sold so extensively. The laity think a headache is a headache, and all headaches are amenable to the same treatment. This week I was called to see a lady during menstruation who was bilious, and kept late hours, who had had a headache and had taken two of these patent secret headache nostrums twenty minutes apart. She was in a state of collapse, extremities cold, a clammy sweat, eyes open and staring, lips and gums bloodless, face pale, general anesthesia, loss of sight, hearing and coordination, pulse irregular and feeble. Hot applications and carbonate of ammonia with digitalis, brought her out. Afterwards I gave her a liver tablet to remove the most prominent cause of her headaches. I have also removed many persistent headaches by correcting some error of refraction (as astigmatism), or muscular strain.

Just as some patients think all headaches are alike, so many intelligent doctors think that Galvanism, Faradism and Franklinism are all the same kind of electricity; and because the faradic batteries are smaller and cheaper, they get them and use them on everything, and usually get bad results, and then taboo the whole thing and say electricity is of no account.

For a headache of purely nervous origin, nothing is so speedy or pleasant as mild positive galvanism of the brain, just strong enough to cause metallic taste in the mouth, one to four milliamperes for five minutes. Many doctors do not know the difference between the currents, and to those I will say that the simplest way to differentiate is this: Faradic electricity is generated usually from one cell, has a buzzing sound and a jerky feeling. Galvanic electricity is generated from a number of cells, usually twelve or more, has no sound, or jerk, and makes a metallic taste in the mouth.

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To Dr. Brown, October, page 359, I would recommend galvanism, positive pole to painful spots, strong enough to feel warm and prickly, and to redden the skin. For a fuller reply I refer to my article in THE MEDICAL WORLD of November, 1891, pages 425 6, on "Sciatica." Galvanism is also my best treatment for all forms of rheumatism, and I am now giving it with vapor baths with great success.

To "Doctor," page 357: I have permanently relieved lumbago with one or two applications of galvanism, through the affected area, moving the electrodes all over the muscles, and applying positive to back and negative to abdomen strong enough to feel like the skin was being sand-papered. Remember the three words, *positive pole* for *pain*. Space is too limited to discuss the *why*, but it will pay to *try*. Mild general applications, from the hands to the feet, for half an hour at a time, will produce a sense of restfulness and relief that is very grateful to pain-racked bodies and over-strained nerves, and will often induce refreshing sleep without the aid of anodyne medicines.

I also find a great field for it in gynecology, nervous troubles and, above all, in strictures of all kinds. (See article in August WORLD, pages 269, 270, on "Electrolysis of Strictures)."

To Dr .Williston, (October WORLD, page 359): The negative electrolytic needles under base of the smaller warts will remove them, and local applications of sodium ethylate will act well on the larger. For the running sores give the compound sulphur tablet internally, and an ointment of yellow oxide of mercury and ichthyol locally, with lotions of peroxide of hydrogen, to cleanse.

To Dr Gilbert, (October WORLD, page 358): I know of one case in which I am sure the gestation was prolonged a month over time by the patient's taking morphine for pains. After craniotomy and dismemberment, the child, minus brains, weighed some fourteen pounds. The mother died, exhausted from the prolonged labor.

The WORLD is the best all-around journal I take, and I always get something useful out of every number. I would like to ask if any of the WORLD readers have a good preparation to stimulate the growth of the hair of the scalp. I am at present using negative galvanism with good results, but if any one knows anything good to use in conjunction with it, for use at the patient's home, I would be thaukful for any information.

HOMER C. BENNET, M. D.,

Lima, Ohio.

Nervous Aphonia.

Editor MEDICAL WORLD:—In your November number, which I have before me, I have been very much interested, especially in the case reported by C. W. Culp, M.D., as I have a case of aphonia of two years and four months' standing in a lady who is now forty-nine years of age. I was called on January 19, 1890, to see this lady. Upon examination I found hers a severe case of la grippe. I prescribed the usual remedies and she made a good recovery in the course of two weeks. The following November I was again called to attend this same patient, who was suffering agonies from retention of urine. I catheterized her at once and gave immediate relief, a procedure which I very much regretted later, as I was obl ged to repeat it once in twelve hours for five and a half months, in spite of all available remedies that were administered and applied. The cause was a slight cold. In May 1891 I extracted all her remaining teeth, after which she was as well as she had ever been.

The next July I was called to go as quickly as possible with the announcement that she would probably be dead before my arrival. I hastened to her home and found it a case of laryngismus stridulus, which was due to taking cold while shocking clams early that morning. The dyspnea lasted but a short time, but the voice did not return, and never has, except on two occasions. During the winter of 1892 she had two attacks of colic which were so severe that it was necessary to give hypodermics of morphine, and while under the influence of the drug each time, she articulated distinctly several short sentences. Since that time she has contented herself with whispering, which can be heard within two or three feet. If she takes cold at any time she is unable to whisper. About two years ago I took her to a specialist in Portland who pronounced the case paralysis of the vocal bands and advised the use of good tonics with strychnine and faradism, the latter having been applied every second day since that time. She has taken the whole list of remedies but to no avail. Her general health is perfect.

I hope that we shall hear from many on this subject. FRANK W. SMITH, M.D.

York Village, Maine.

During these hard times the doctor is among the first to suffer, as people generally pay his bill only when it is quite convenient to do so. So, in the interest of himself and his family he is compelled to be especially vigil nt in order to get what is due him. "The Physician as a Business Man," is a practical book showing how this may most effectually be done. Price only $1.00. See Order Blank page xxiv. Address this office.

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Peritonitis Following Miscarriages or Confinement.

Editor MEDICAL WORLD:—I notice an article in the June WORLD from Dr. Sigworth, on peritonitis, that inspires me to say a word on the subject.

In the case he reports the peritonitis followed a miscarriage, and his treatment was first, irrigation of the womb, following which his case developed, and second, he treated the case with salts and heroic doses of opium.

Did the disease or the treatment kill?

Answer.—In a practice of 25 years, I have never irrigated the uterus after miscarriage or confinement. I have had but few cases of peritonitis and have never lost one. The majority of such cases met with by me have been in consultation and where the womb had been irrigated the disease arising often immediately following the irrigation.

As treatment I use hot poultices and opium enough to control pain, but should I use enough to depress the respiration, I should fear death from opium poisoning. I keep the bowels comparatively quiet.

If the patient is reduced or becomes so, I resort to iron and whisky.

If there is anything in the suggestions here thrown out I hope the readers of THE WORLD may profit by them. H. J. PARKER, M.D.

Clayton, Ill.

Post-partum Hemorrhage: Causes, Symptoms and Treatment.

Editor MEDICAL WORLD:—I am aware that a great deal has been written upon this subject, but on the other hand it is one worthy of our closest attention.

There is no time in an obstetrician's career of practice that demands his professional knowledge to be put into action more than when he is called to the bedside of a patient suffering from post-partum hemorrhage. If there is any time when he should be calm, cool-headed and collected, with his professional knowledge at the ends of his fingers, with confidence in himself, ready to put forth every energy and employ the last resources that medical science has given to the world, it is now. He is expected to do "the right thing at the right time and in the right way."

Post-partum hemorrhage is distinguished as: 1st. Primary, that is, hemorrhage occurring within six hours after delivery; 2d. Secondary, occuring subsequent to the first six hours and before one month. Causes: Uterine inertia is the most frequent. It may depend upon over-distension from plural pregnancy, polyhydramnios, etc., a full constitution, too rapid or delayed delivery, emotional causes, albuminuria, anemia, hemophilia, imperfect development of uterine muscular fibres, frequent childbearing, old peritoneal or cellulitic adhesions, distension of adjacent viscera, insufficient fibrin in the blood, fibroids, neoplasms, such lesions as tears, inversion, etc., and last, but not least, carelessness or negligence of the attending obstetrician.

Symptoms: As a rule the hemorrhage comes on suddenly and unexpectedly, but there generally will be observed an increase in the pulse rate. This should put the obstetrician on his watch. (Speidleburg has said "never leave your patient until the pulse has fallen below 100." It is a rule that I go by, and one well worth remembering). On examination of the pupils I find them dilated, increased respiration, patient complains of great thirst, restlessness becomes very marked, patient throwing arms to and fro. Your hand discovers by this time, if placed on the abdomen, over the uterus, that the hard, contracted, resisting globe or cricket ball, as it is described, has disappeared and that the boundaries of the uterus can scarcely, if at all, be mapped out. The abdomen is greatly distended and, probably to the obstetrician's surprise, he discovers his patient in a pool of blood, or perhaps the blood running down on to the floor. Patient complains of darkness, loss of sight, the pulse is weak, frequent, and probably intermittent and the patient wants fresh air, all from the loss of blood. Unless the proper treatment is applied she dies.

Treatment: The preventive treatment consists in having the bowels and bladder well emptied before delivery. The obstetrician should never remove his hand from over the uterus until the placenta and its membranes are removed, and he should keep up contractions by friction, for at least from twenty to thirty minutes. In the meantime, his assistant should administer a hypodermatic injection of ergotine, if the patient has had previous hemorrhage. Now the abdominal binder should be applied if the womb has thoroughly contracted.

Curative treatment: A thoughtful obstetrician will go thoroughly prepared for hemorrhage whether he anticipates it or not. He should have at hand a hypodermic syringe, ergotine, sulphuric ether, a Davidson's or fountain syringe, hot water, vinegar and, if possible, a faradic battery (such as can be carried in the pocket is all that is necessary). With these articles and his professional knowledge and ability he ought to be able to successfully manage any case of post-partum hemorrhage. He should remove the pillow and bolster, raise the foot of the bed or the patient's hips. First I think a douche of

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hot water 105° or 110° F. into the cavity of the uterus is the most successful treatment. Another with which I have had success is Briskey's method of throwing the uterus into a strong anteflexion, by placing two fingers into the posterior cul-de-sac and fixing the lower uterine segment and pressing deep down through the abdominal walls behind the fundus. With the other hand hypodermatic injections of ergotine may be administered.

The immediate effects of hemorrhage may be controlled by hypodermatic injections of ether and compression of the abdominal aorta. One of the best common household remedies is that advocated by Penrose and one with which I have had success. Saturate a handkerchief with vinegar and carry it up into the uterus, squeeze the handkerchief, thereby letting the vinegar flow over the walls of the uterine cavity, thus exciting firm contractions. Another excellent remedy is chloroform applied in the same way. Among the other various remedies that are used is slapping the abdomen with cold wet towels and applying ice to the interior of the uterus. Do not use tampons or Monsel's solution

It is understood that any portion of the placenta or blood clots found in the uterus are to be removed.

After treatment: It may be necessary, if the hemorrhage is great, to bandage the legs and arms, thereby throwing all the blood to the heart and brain We will not go into the details of transfusion of milk, blood or saline solutions, as they are given in all works on obstetrics.

Administer ergot and opium, nourishing diet, beef-tea, eggs, etc., in small quantities, but frequently. If the stomach rejects nourishment, nutrient enemata should be given. Give alcohol, if indicated. Keep up compression of the uterus by abdominal bandage.

Secondary hemorrhage: Causes: Those that are given for primary may cause secondary, but it is generally caused by a retained piece of placenta, or membranes, blood clots or placentæ succenturiatæ, sexual intercourse, lactation, getting up and assuming household duties too soon, displacement of the uterus.

Treatment: Same as given for primary. Correct any displacements of the uterus empty the uterine cavity, give ergot for several days afterwards. Possibly you may have to curette out the uterus. In fact, remove the cause, whatever it may be. JAMES N. WEST. M.D.

Toccoa, Ga.

THE MEDICAL WORLD is a medical society in type, with monthly meetings in your office. No medical society in the world ever had as many members as the readers of THE MEDICAL WORLD; and no members were ever so mutually helpful. Cost of membership in WORLD society, only $1.00 per year.

Treatment of Malarial Fever with Other Substance than Quinine.

Editor MEDICAL WORLD.—On January 1, when the defeated party was ousted by the winner, I was made physician to the jail, nearly forty years ago, at the munificent salary of $50.00 a year. There was a patient with intermittent fever who had contracted the malady in Arkansas and during the fall had suffered every other day in spite of the large doses of quinine administered by my predecessor without any benefit. The cold winter weather of Buffalo did not interrupt the malady. I put one ounce of pulverized rhubarb into a quart of whisky and gave him a small wineglassful three times a day. In a few days he remarked to me that if I would allow him to go out of doors he could squirt over the jail. He had no more ague. The dose was gradually diminished. RHUBARB.

Nitrate of Potassium for Obstinate Ague.

Editor MEDICAL WORLD.—In January, 1891, I was called to see Mr. S., a very intelligent old gentlemen, who had almost lived out the allotted time for man on earth. He lived in what is called the "Jersey" settlements, a very rich section of the Piedmont region of North Carolina, where "chills and fever," abound more or less throughout the year. Upon reaching my patient I found him suffering from all the symptoms of chronic malarial poison.

He was in bed, with fever, having just had a chill that morning. He was very despondent, and depressed in spirits, with complete anorexia, very much emaciated, and really believed he would not live very long.

He informed me that he had not been free from chills for three years, and was then having tertian paroxysms. His family physician, who at the time had gone to the springs for his health, had attended him during the time, and perhaps relieved him for a short time, when they would return with increased vigor, and it was at one of these exacerbations I was called to see him. When I asked him what he had taken, he remarked: "Everything." He then enumerated the remedies Dr. B. had given him, remarking that he took quinine constantly, with no effect whatever.

I was at my wits' end to know what to prescribe, and told him there was one thing he had not taken, and that was potassium nitrate. He remarked, "Dr. B said he had given me everything recommended for chills but 'salt petre,' and he had no faith in that."

Realizing that the potassium compounds in-

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crease the secreting power of glands with acid secretions, and diminish glands of alkaline secretions, according to Ringer, and that that did not apply to the nitrate, for it increases the water of the urine and the urea, and lessens the amount of uric acid, and upon ascertaining that the secretion from the kidneys was very scanty and highly colored, I determined to give him him potassium nitrate. So I left twelve doses with specific instructions to begin a certain hour before his chill time and take it faithfully. A week after my visit he was up and, with tonics, soon gained his former health and vigor.

He said to me one day in town, "Doctor, you cured my chills, but I thought I would urinate myself to death." Nearly three years have elapsed and he has had no symptoms of a return.

THE WORLD becomes more interesting with every issue, and I look forward to its coming with much pleasure. Let your noble work still continue.

DR. WILL. B. CRAWFORD.

Lexington, N. C.

Replies.—Ezema of Hands.—Spermatorrhea.—Substitute for Opium.—Deformity of Penis.—Renal Colic.—Treatment for the Alcoholic and Narcotic Habits.

Editor MEDICAL WORLD:—If J. F. Hallowway, of Empora, Mississippi, (page 315 September number), will use the following prescription, he will soon find his case of tetter of the hands cured:

R Napthhaline.....drams ij
Acid Carbolic.....gtts ij
Cosmoline.....ounces ij

Mix thoroughly. Apply to the hands every night before going to bed, and sleep in gloves.

Wash off next morning with castile soap and water, then soften the hands with a little pure olive oil, and wear gloves through the day, if the hands have to be exposed to the air. It might help the cure to give 3 to 5 drops of Fowler's solution per day, if an adult.

J. D. Usher, same page and same number, wants treatment for spermatorrhea. Perhaps bromide of iron in 3 gr. doses, three times a day, together with cold baths and proper exercise, would give his patient relief. Sometimes strychnine, phosphorus and iron has a good effect.

In Dr. A. T. Stewart's case, Melrose, Nova Scotia, Canada, there is, perhaps, subacute inflammation of the absorbent vessels of the under side of the organ, causing absorption of the corpus spongiosum, so that when an erection is attempted and the corpus cavernosum is filled with blood, the organ is pushed downward, or bent over, from the fact that the under part of the spongiosum has been shortened by the absorptive process. It is a hard case and if anything will do it any good it is Faradism, with a current strong enough to cause some pain, seance continued for about ten minutes daily. Positive pole on the spine or in the perineum, and the negative on the under surface of the organ just back of the glans. A very small fly blister under and just back of the glans might be of service.

Examine for piles, also enlarged prostate, and be governed according to development

I. N. Need is in need of a substitute for opium and its preparations, we suppose. The best that I have ever used is a combination of acetanilid, monobromate of camphor, caffeine and capsicum. The physician must use his judgment in suiting the proportions to the case. In relieving pain it acts more like an opiate than anything else I have ever used. The dose is 5 to 10 grains, repeated every half hour to every one or two hours in severe cases, as in renal colic, until twenty to thirty grains have been given. It will cause no depression as other combinations of coal tar will.

As a corrective for renal colic give one-half to a teaspoonful of the fluid ext. of hydrangea, of a good quality three times a day in water, and continue for two or three months, and the colic will never return. It is better to commence with a teaspoon half full, and gradually increase to a teaspoon full, as a full dose at the start is liable to cause vertigo. I have tried the above remedy for the past five years, and have not failed in a single instance. In a young man who had been subject to renal colic for four or five years, every month or six weeks, and frequently would come near dying, I prescribed the hydrangea three years ago, and he has never had an attack since; nor has it ever failed in any of the many cases for which I have prescribed it. I believe that I got the suggestion from THE MEDICAL WORLD four or five years since.

Dr. Waugh's system of treating the opium habit, or disease, is the correct one in a majority of cases, as many habitues of both opium and alcohol would die if taken off their accustomed stimulant at once, and, therefore, must be to a certain extent prepared for the process of gradual withdrawal before the treatment is really commenced in earnest. Especially is such a course necessary in the opium disease. For the alcohol habit, however, we have in the nitrate of strychnine, when administered correctly, a specific more certain in its action than the sulphate of quinine in remittent and intermittent fever, from the fact that when the dipsomaniac has been cured by nitrate of strychnine, he rarely, if ever relapses, whilst the sufferers who have been

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cured of intermittent fever by the use of quinine frequently do.

I took charge of an old gentleman, 68 years of age, about the last of May, 1893, who had been under the influence of alcoholic liquors for at least fifteen years. He was suffering from whisky diarrhea and bronchitis, his bowels acting from ten to twenty times in twenty-four hours, whilst he had coughing spells every morning that lasted from an hour to two hours, during which he would frequently come near losing his breath.

I put him on the nitrate of strychnine, hypodermically, three times a day, increasing the quantity every day. At the same time I gave him atropine sulph., muriate of hydrastine, and nitrate of strychnine, in combination with a watery infusion of gentian and quassia, a teaspoonful every two to four hours, being governed by the effect of the remedy. The above mixture was given in a common table tumbler one-fourth full of water I gave him full rein as to the quantity of whisky that he drank daily, intending to make of him a test case. At the end of the first week he began to slack up a little on his whisky, and on the 28th of June took his last drink and threw it up, as he had been doing most of the time for a week or more, and has not taken a drink since, and says that the smell of it is repulsive to him.

When I commenced treating him he was drinking from three to four pints of whisky a day, and had drank that quantity daily for years. His bronchitis is cured, also the diarrhea, and he says that he feels better than he has for years. He is now clothed and in his right mind, a nice old gentleman who a few weeks ago, was a mass of disease and maudlin imbecility. The nitrate of strychnine, aided by a few other drugs, judiciously administered according to the symptoms as they developed, did the work.

Troy, Mo. J. A. Ward, M. D.

Editor MEDICAL WORLD:—Your note asking as regards the quantity of nitrate of strychnine that I give in the treatment of dipsomania, came duly to hand, and in reply I will state that I usually commence the treatment by giving the one-forty-eighth of a grain three times a day, hypodermically, gradually increasing the quantity until I can see some physiological effect of the drug, or until I give as much as one-sixteenth of a grain at each hypodermic dose, which is as high as I have ever ventured. I at the same time give one-sixty-fourth of a grain of nitrate of strychnine every two hours by the stomach, together with from 1-250 to 1-500 grain of sulphate of atropine in an infusion of gentian, quassia and black willow bark. I sometimes vary the formula to suit special cases.

The physician must have his patient close to his office, so as to be able to watch for any untoward effect that might arise from the too free use of the strychnine. J. A. WARD.

Ultimate Effects of Gonorrhea in the Female.—Chloride of Ammonium for Diptheria.

Editor MEDICAL WORLD:—I believe with Dr. Goodell, page 397, that women who have had gonorrhea seldom bear children, but I have an instance in mind which refutes this theory in so far as one swallow will make a summer

Some years since a young man called at my office to be treated for gonorrhea and a few days later called in to ask me to treat his mistress, who, he said, he had infected.

Miss B. called next day and when I forbade intercourse she informed me that only the night before she had "been with" a certain married man. This married man not being a patron of mine I did not feel at liberty to caution him, but in a few days he came to me and when he was told what the trouble was said he was afraid his wife was infected, and in sixteen years practice I have seen few worse cases than this married lady. Two years later I delivered this same lady of a fine healthy boy, her second child.

I also wish to recommend Dr. S. Cook Ingraham's ammonia treatment for diptheria (page 77, February WORLD) having tried it in six cases recently, one, a boy five years old, being bad. When first seen there was no membrane, but the glands of the neck were greatly swollen, both external and internal; pulse 136; temperature 103⅘; very offensive breath. Soon the membrane began to form in spite of calomel and chloral hydrate. Both nostrils and both tonsils were soon greatly implicated. I put him on ammonium chloride alternated with brandy and carbolic acid and iodine. In a few hours there was decided improvement and convalescence was rapid. The paraplegia resulting is nearly a thing of the past now—strychnine was used for this. W. S RAMSEY, M. D.

Coraopolis. Pa.

Continued Fevers.—Gonorrhea and Pregnancy.

Editor MEDICAL WORLD:—I shudder when I read of the heroic treatment resorted to by some physicians in the so-called continued fevers, and am glad to read your gentle hint in last issue of THE WORLD. These fevers are simply a variety of typhoid and are not to be broken up with strong drugs. In twenty-four years I have seen case after case succumb on drugs and over feeding, while right beside them the same kind of cases invariably recovered on scant fluid diet, cold water and the mildest medicines.

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Why give forty to sixty grains of quinine to a man in twenty-four hours when he is simply running along smoothly through a self-limited fever? Why purge and "raise Ned generally," when it is so easy to let the patient alone?

When I begin to read an article on continued fever as soon as I see quinine I expect to read in the next sentence that a good per cent. of cases die, if the writer tells the truth; when I see in one line the advocacy of milk as diet I expect to read in the next line that "in many cases hemorrhage occurs." But when I read the report of cases treated with scant, fluid, careful diet, cold water to reduce fever, and turpentine internally and whisky as necessary to support the patient and hold the pulse steady, and also to reduce fever in bad cases, I expect to see the report end up with 100 per cent. of recoveries.

I have a case in mind now of a woman that, to my knowledge, positively had gonorrhea and became the mother of children afterward. The evidence I have on this subject is absolutely positive, as to diagnosis, from treble tests—no question. Have had other cases with the same history though not with as positive diagnosis, yet certain enough.

There is nothing in the claim of Dr. Goodell. Strumpets do not all have gonorrhea and women of all classes have many means of preventing pregnancy without contracting the disease in question; and again, strumpets who have had the disease will become pregnant, some of whom I have known. Besides I can conceive no scientific basis for Dr. Goodell's assumption.

Clayton, Ill. H. J. Parker, M.D.

[There is, however, a scientific basis for the theory. It is that the endometritis of gonorrhea leaves the endometrium in an unfit condition for the lodgment and development of the impregnated ovum, or that the extension of the disease into the tubes so occludes their calibre as to prevent the necessary meeting of ovum and spermatozoids. The fact seems to be, however, that these sequelæ are not so common as the theory supposes.—ED.]

Views of a Florida Observer.

Editor MEDICAL WORLD:—I will say that my experience is that if women have an attack of gonorrhea during pregnancy, or especially at confinement, they will not become pregnant again. DR. J. W. SMITH.

Callahan, Fla.

Dr. Thomas Simmons, of Hartford, Conn., is cutting his third set of teeth at the age of 74.

Cod Liver Oil for Removing Wrinkles.

Editor MEDICAL WORLD:—I wish to call the attention of the readers of THE WORLD, to some uses of pure cod liver oil.

In the first place, Chicago is full of "beauty doctors," manufacturing cream and lotions for the face, who did quite a thriving business during the World's Fair. In fact, it seems that this branch of what is called by them a profession is still very good.

I was induced by several ladies to supply them with something to smooth out wrinkles and make some of the old chromos have the appearance and freshness of youth—as far as the skin of the face is concerned.

Having about a quart of cod liver oil, I gave to them an ounce each with a little oil of winter green added and told them how to use, by rubbing cross-wise at right angles with the dark lines and wrinkles. You would be surprised, Mr. Editor, to know what an improvement took place in many cases. I had ordered before lanolin and sweet almond oil, in combination, but I must say that cod liver oil is far superior.

I suppose that I sold about fifty bottles, one ounce each, at a dollar a bottle. The only trouble I had was that I could not deprive this oil of its odor, and would be pleased to learn through the columns of THE WORLD any preparation or perfume that will kill the odor of cod liver oil and perfume it.

Chicago, Ill. L. BABBITT, M.D.

Neutralizing Cordial.

Editor MEDICAL WORLD.—I noticed in your September number that Job G. Hallam desires a formula for a neutralizing cordial.

I here send you a formula that I have used for the last five years, and find that it makes a very fine, clear and pleasant tasting elixir.

R	Spts. menth. pip.	drams ii
	Potassii bicarb.	drams iv
	Sacchari	ounces viii
	Fld. Ext. Rhubarb.	drams iv
	Aquæ Destil.	pints ii

Dissolve the pot. bicarb in water, add the essence of peppermint and fld. extract rhubarb, filter and add the sugar; dissolve by agitation.

Worcester, Mass. CHARLES H. SHEA.

Many subscriptions expire with this issue. Is THE MEDICAL WORLD a welcome visitor to your office? Does it pay you to take it? If so, don't let procrastination (that thief of time and opportunities) creep in to rob you of it. Keep this before you till you renew your subscription. Those of you who have been renewing from year to year, why not try the four years plan? It is cheaper and less trouble. Four years for $3.00.

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Essence of Spruce for Rheumatism.—Faradic Current for Uterine Tumors and for the Third Stage of Labor.—Views in Regard to Feeding-Salines and Opiates in Pelvic Inflammations.

Editor MEDICAL WORLD:—"Long live the MEDICAL WORLD." I have been a subscriber for seven years or more and I have yet to see the copy which is not worth the price of a yearly subscription.

In answer to the "Doctor" who wrote concerning muscular rheumatism, I would say that I have never known essence of spruce to fail in relieving an attack of lumbago, dose, dram. i in half a tumbler of water, once in three hours. The fourth dose generally ends the treatment and the lumbago.

I should say that the doctor was the subject of an acid diathesis and that he should study well his diet and mode of living, mental, moral and physical, that he may become a healthier man. Salicin has a good reputation in such cases. I don't know what the essence of spruce will do (but would like to) in a case like the doctor's, where the sero-fibrous tissue of the whole system is implicated, but when confined to the loin it is a specific.

Fld. ext. ergot will starve a uterine tumor and the Faradic current will assist in the job. A good sized sponge electrode at the small of the back and a small electrode pressed down on to the uterus (Farradic current) will bring away the placenta *every time*.

In reference to the feeding of man, woman or child, in general, it depends almost entirely on the subject. In the puerperal state, if the woman has been a good feeder and has a stomach with a reputation for work, I give her just about what she wants and when she wants it.

A famous doctor once said that the only epitaph he wanted was, "This man fed fevers." But it depends on the patient and the fever, as to what food shall be given. It goes without saying that fever locks up the digestive functions, and, in general, in fever water is the best food. "Liquid foods in fever," should be painted on the walls of hospitals. Water contains more caged up energy than any other one thing taken into the system.

In reference to the feeding of infants. Of course each case should be considered individually, and, when possible, that quality and quantity of food administered that will best meet the requirements of the case In my mind absolute rules of diet for man, woman or child are all out the question, as one man's meat may be another's poison. Apropos of the old saying, I knew of a dyspeptic who, after trying all kinds of diet, resorted to pound-cake and for many months lived on it.

An eye to physiology in the feeding of the sick and bed-ridden patient is all-important, viz: avoid a diet rich in albumen in lobar pneumonia; get along with as little liquid as possible in nephritis and cardiac insufficiency. Use slippery elm tea in typhoid and gastric inflammation; a rich albuminous diet in phthisis, etc etc.

My success with saline cathartics in peritonitis has been moderate. I prefer the mixed treatment of saline and opium. I believe the benefit derived from the saline is explained by the principle of counter-excitation, or, if you please counter-irritation, and that after this has been obtained opium is needed. Time and again I have noticed that powerful saline catharsis relieves inflammatory states of the abdominal viscera.

The next case of orchitis you have try the saline, and further treatment will be much limited. By the way the testicle is properly an inhabitant of the abdominal cavity—an analogue of the ovary

Some one wants to know what aches when one has the headache; the brain, meninges, mucous lining of sinuses, bones of the skull or covering of the cranium. I would suggest that nerve pain means an irritated nerve, and, as all of the above named structures are permeated with nerves, all may ache. The cause of the ache differs, and this is to be removed to cure the ache. A uremic, neuralgic, malarial, nervous, anemic, congestive (from alcohol) or hysterical headache, each calls for different treatment. And in passing, morphine will relieve them all, but cure none.

C. B. DAVIS, M.D.
639 Friendship St., Providence, R. I.

Dr. C. B. Hutchins, of San Francisco, Cal. gives as his experience that no food is as suitable for children with diarrhea as goat's milk.

In response to a query we will state that the name of our valued special contributor, Prof. W. F. Waugh, is pronounced as if spelled Waw, giving the sound of "a" as in saw.

Editor MEDICAL WORLD:—The Case of Dr. Jones' colored female, (see October WORLD, page 360) was perhaps septicemia from retention in the uterus of decomposing products of conception. The treatment of such a case is to empty the uterus by antiseptic injections or placenta forceps; keep up the strength; give quinine and antipyrin for the fever and local sedatives to the abdomen with hot applications

Thackeray, Ill. Z. R. MILLARD, M.D.

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Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Editor MEDICAL WORLD:—Will you kindly ask the readers of THE WORLD to help me in the following case?

Robert Peet, negro, age 25 years, rather stout and plethoric, height 5½ feet, weight 165 pounds; came to me for treatment 13th of June last. Would go to sleep anywhere if he was still for one moment. If at all fatigued would go to sleep while standing up and fall down. Complained of dull pain in the back of head and neck. Had on an average 5 or 6 nocturnal seminal emissions per week. Health otherwise good. His condition is somewhat improved but he will still go to sleep if he sits down for 10 minutes. Complains only at times of a bad feeling, with fullness and dull ill defined pain in back of head and this especially when fatigued and most disposed to sleep.

After from 5 to 10 minutes sleep he awakes refreshed and says the pain is all gone and he feels all right. Health in all other respects excellent. Appetite good, secretions normal, cheerful, industrious, in fact, fond of work for a few hours at a time. Says he feels better after light moderate work, is quite intelligent.

The trouble began to show itself (3) three years ago.

Four (4) years ago while wrestling he was throw on his head, the back part striking first. He got up, but immediately lost consciousness, fell and had a fit lasting several minutes. But he felt no inconvenience from it afterwards. I have not been able to elicit any history of syphilis or anything else that would aid me in making a diagnosis

Prof. Waugh says concerning it: "A growth, probably gliomatous, has been formed at the seat of the cerebral injury" and advises "full doses of the iodides of potash and mercury, continued for several months. If this does not produce a decided improvement the case will require surgical interference."

Dr. J. J. Taylor says: "If not produced by the injury. the first probability is that it is cerebral syphilis. Those exact symptoms are occasionally found in that condition. But if, by examination, history or treatment. you are able to exclude this, the next probability is poisoning of the nervous system by toxic products evolved in the process of digestion."

I shall be glad of any advice from others through THE WORLD.

Fentress P. O., Va. V. C. BIDGOOD, M.D.

Editor MEDICAL WORLD.—Will you kindly insert these queries in your next issue of the WORLD for some of the brethren to answer:—

1. Why are diseases of the liver accompanied by more or less espistaxis?

2. What is the cause of wild hairs in the eyelashes? DR. SONN.

Editor MEDICAL WORLD:—In the latter part of October, I was summoned in haste to see Mr. B., an aged farmer. Two hours before I reached him he had drank about a half pint of cider which had been standing over night in a *galvanized iron* bucket.

The family told me that in five minutes after he had swallowed the liquid, he was taken deathly sick (but could not vomit) with excruciating pain in his throat, stomach and bowels. He was induced by his anxious friends to take some whisky, hoping it would "kill the poison," but it only intensified the burning sensation of the already affected parts. He was still suffering and in a semi-conscious state, and made vain efforts at vomiting. Treatment was on general principles, as follows: Morphia sulphate by the mouth, which lulled the pain and in fifteen minutes a dose of digitalis to stimulate the weakening heart; in twenty minutes I administered a vegetable cathartic, which also acted kindly and quickly. The cider was taken at noon, and by 5 p.m. there was a copious movement of the bowels; by 8 p.m. he had taken two glasses of milk and was conversing as usual. He made a good recovery. Will some kind brother tell me what the posion was? Did I pursue the proper treatment?

G. H. THOMAS, M. D,

Springfield, W. Va.

[The treatment was correct on theoretical grounds and seems to have been successful in practice.—ED.]

Editor MEDICAL WORLD:—Will some of the readers of your most excellent journal tell me the treatment of a case of cystitis which has given and is now giving the patient much pain and myself much annoyance? I have used so many things that it would be needless to recite them. Patient has characteristic symptoms of cystitis; the attack is always preceded by rigors, beginning sometimes in or near the heart; at other times in the back or arms, accompanied with tenesmus the pain extending to the meatus urinarius, with constant desire to micturate.

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The patient is 40 years old, formerly enjoyed perfect health till two months since; just married. No womb trouble, does not practice sexual congress to excess.

W. G. MITCHELL, M.D.

Wewahitchka, Fla.

Editor MEDICAL WORLD:—Mr. P., brought his daughter to me yesterday to have her treated for some skin disease which I don't understand. Patient is ten years old, has had the disease nearly a year, and has been treated by several physicians without the least improvement. He is very anxious to have me treat the case, but before doing so I would like to have some of the MEDICAL WORLD readers' diagnosis and treatment. The following are some of the symptoms:

Family history good; no syphilitic taint; no fever that I can learn of; constitutionally the patient appears to be healthy otherwise; has good appetite and digestion, The eruption begins in a small circular spot, covered with a dry, mealy scab, which gradually scales and rubs off in a week or so. Sometimes a little serum, and sometimes a little yellow pus appears beneath the scab. It gradually spreads and enlarges round and round just like a ringworm until it forms a solid mass, when it assumes a clear red appearance. After that it does not appear to change, excepting that it has a burning and itching sensation most of the time

This red appearance looks just like erysipelas excepting that it is not elevated and has no serum under the skin like that disease, neither is there any fever. Now this disease covers most of the legs, a good part of the body and arms and most of the scalp. It appears not to be contagious, as she sleeps with the other children all the time and she is the only one in the family that is affected. I am very anxious and interested in the case, and would feel under deep obligation if any one could assist me. J. P. MCDONOUGH, M.D.

Ocker, Bell Co., Tex.

Editor MEDICAL WORLD.—Can any one tell me how to mix the dipsomania medicine of Dr. Kitto so as to make a clear solution and not have part of the powder turn into a thick mass that stays at the bottom of the bottle after mixed? This is given on MEDICAL WORLD of July, page 254. J. MATANQUAY,

1688 Westminster St., Providence, R. I.

[We submit this to our pharmaceutical friends.—ED.]

Editor MEDICAL WORLD:—Will any member of THE WORLD family tell me if there is a way to mix tincture of benzoin (simple tincture) with an aqueous solution without throwing down a precipitate? I would like to mix it with pure water, rose water and bichloride of mercury, but the purest solutions I can get give a slight deposit DR. TRUMAN COATES.

Russellville, Pa.

Current Medical Thought.

Requirements for Medical Practitioners.

NORTH AMERICA.

United States.—The law varies in the different States and Territories.

(*a*) No regulations or inoperative: Connecticut, District of Columbia, Indian Territory, Creek Nation, Kansas, Maine, Massachusetts, Ohio, Rhode Island, Utah.

(*b*) Diploma to be registered with State or county officials. Arizona, Arkansas, Delaware, Georgia, Idaho, Indiana, Michigan, Nebraska, Nevada, Wyoming.

(*c*) Diploma to be endorsed by a college "in good standing," or by the State Medical Society, or by the State or Territorial Board of Examiners; or by the State Board of Health. *California, *Colorado, *Illinois, *Indian Territory, Choctaw Nation, Iowa, Kentucky, Louisiana, Maryland, *Missouri, *Montana, New Hampshire, *New Mexico, *Oregon, Pennsylvania, *South Dakota, *Tennessee, *Texas, Vermont, West Virginia, Wisconsin.

*Signifies that the applicant may be submitted to examination by the State or District Board of Medical Examiners.

(*d*) Candidate is examined by State, Territorial, County, or District Board of Medical Examiners, or Board of Censors: Alabama, Florida, Indian Territory, Cherokee Nation, Minnesota, Mississippi, New Jersey, New York, North Carolina, North Dakota, South Carolina, Virgina, Washington.

Mexico.—No special requirements.

SOUTH AMERICA.

Argentine Republic.—The applicant's diplomas must be verified by the Argentine Consul in this country (fee $6.00). This should be done before leaving this country. On arriving at Buenos Ayres, the endorsement of the Argentine Consul in this country must be verified by the Argentine Foreign Office. Three examinations must be passed in the University of Buenos Ayres or Cordova:—First examina-

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tion: Anatomy with Dissections, Physiology, Pathology, Ophthalmology, and Gynecology. Second examination: Clinical and Operative Surgery, Histology, Materia Medica, and Mental Diseases. Third examination: Clinical Medicine, Pathology, Midwifery; and Toxicology. The fee for examination is 300 dollars, half of which is retained in case of rejection. The examinations can be passed consecutively at a few short intervals or separately; a rejected candidate is not readmitted to examination until after the lapse of six months. The examination is conducted *viva voce* in Spanish. Temporary authorisations to practice for six months may be obtained from the governor of a province, and the applicant may utilize this time to improve his knowledge of Spanish. The regulations for graduates of Spanish Universities are less onerous.

Brazil.—A State examination must be passed which is conducted in Portuguese or French.

Chili.—The regulations resemble those in the Argentine Republic; examination by the University of Santiago.

Peru.—An examination must be passed before the University of Lima. It is conducted in Spanish.

Uruguay.—The conditions are similar to those in the Argentine Republic; examination by the University of Monte Video.

BRITISH COLONIES AND DEPENDENCIES.

Foreign practitioners can practice medicine in Great Britain without restriction, but unless registered cannot recover their fees by legal process nor give medical evidence in courts of law, nor hold public medical offices. Under the Medical Act of 1886, the General Medical Council may recognize equivalent qualifications granted in countries which treat Great Britain with reciprocity; after certain formalities such qualifications would be registrable. At present, however, no foreign countries have arranged to treat England with reciprocity, and as a rule British practitioners are required in European countries to pass an examination of more or less severity.

AUSTRALASIA.

Australia.—The applicant must be registered by the Medical Board of the colony in which he proposes to practice. He may be required to prove the genuineness and authentictiy of his diploma.

New Zealand.—Certain legal formalities must be gone through, but there is no examination.

Tasmania.—A diploma must be verified by he Medical Examining Board.

DOMINION OF CANADA.

Except in British Columbia and Ontario it is necessary only to register British diplomas, but evidence of authenticity and genuineness may be required. For this registration a fee is charged, and in some cases there is also an annual tax. In British Columbia the Medical Council of the colony holds an examination, and there is a fee of 100 dollars; in Ontario an examination is held by the College of Physicians and Surgeons of Toronto.

SOUTH AFRICA.

There is a Colonial Medical Council both in the Cape of Good Hope and Natal. British diplomas are registrable after inspection and verification.

WEST INDIES.

British qualification are everywhere recognized. In some instances they must be registered, for which a small fee is charged.

EUROPE.

Austria.—It is necessary to pass the State examination, or obtain a University Degree in Medicine, and to become an Austrian subject. Exemptions may be granted under very special circumstances.

Belgium.—Upon the advice of a jury which has a right to grant the diploma of Doctor, the Government can give permission to practice medicine to a foreign subject who possesses a diploma in Medicine, Surgery and Midwifery.

Denmark.—Foreigners are required to pass the State examination.

France.—Under the new law a degree of M.D. obtained by examination before a French faculty will be indispensable.

Holland.—Foreigners are required to pass the State examination.

Germany.—Any person may practice medicine, but if he has not passed the State examination he does so at his own peril, and is liable to fine and imprisonment if convicted of a mistake.

Greece.—A State examination must be passed, but graduates of foreign schools may take their examination in French or English.

Italy.—A foreigner must (*a*) obtain an authorization (*abilitazione*) from one of the Royal Universities of Italy; or (*b*) if he desire to practice only among foreigners he is at liberty to do so.

Portugal.—The State examination must be passed.

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Roumania.—A State examination must be passed (*viva voce*).

Russia.—The State examination must be passed; but if the applicant possesses the degree of M.D. from a university of high repute, the Minister of Education may give an authorization after requiring the candidate to compose and defend a dissertation.

Norway.—The State examination must be passed.

Spain.—The State examination must be passed, but exemptions are sometimes granted on application through the American Minister.

Sweden.—The State examination must be passed

Switzerland.—Foreign practitioners are not allowed to practice even among their own countrymen, unless they have passed the State Examination conducted in French or German at one of the Universities—Bale, Berne, Geneva, or Zurich.

Turkey.—An examination must be passed (fee $22.00) at Constantinople.—*Compiled from the British Medical Journal No. 1705.—R. I. Med. Sci. Monthly.*

Wounds of the Heart.

[In view of the discussion recently conducted in THE WORLD on this subject, the following editorial from the August number of the *International Journal of Surgery* is appropriate and interesting :]

It was formerly believed that wounds of the heart were always fatal. Recent investigations, however, show that a fair proportion of these cases is amenable to a cure. Dr. Lumniczer has reported five cases of wounds of the heart and pericardium, only one of which terminated fatally, and Dr. Peebles (*Omaha Clinic*) reports a case of bullet wound of the heart with recovery. Dr. Heine Marks (*Med. Fortnightly*) has treated two cases of stab wounds, in one of which recovery ensued in spite of the fact that examination with the finger revealed the presence of lesions of the diaphragm, pleura, pericardium, and apex of the heart. The literature contains records of many similar cases.

Notwithstanding the perfection of our methods of examination, the diagnosis of heart wounds is still a matter of extreme difficulty. There is no pathognomonic symptom, and the diagnosis must be arrived at from an analysis of all the symptoms. Hemorrhage, pain, frequent attacks of syncope, and the physical signs due to hemorrhage into the pericardium, are usually found present. Dyspnea is a less constant symptom. According to Lumniczer, the symptoms are frequently developed some time after the injury, so as to preclude an early diagnosis. The position of the wound is, of course, of great diagnostic importance. The physical signs consist in an enlargement of the area of cardiac dullness, the existence of splashing noises accompanying the heart sounds, the metallic character of the latter, and feeble and arythmic cardiac action.

The prognosis depends, to a great extent, upon the direction, location and nature of the wound. Cases in which the heart muscle has been perforated by a needle give the best prognosis; then follow penetrating, incised, and gun-shot wounds. The worst prognosis belongs to contused wounds and rupture of the heart. Sudden death from heart injuries is due chiefly to shock, to anemia of the brain and lungs, and to inability of the heart to contract, both in consequence of the wound and the pressure of the pericardial effusion. In cases where death does not occur until the lapse of a number of days, it is usually attributable to some complicating lesion, such as an inflammation of the pericardium and less frequently of the cardiac tissues, while, if death is delayed till a more remote period, it is due to the giving way of the cicatrix or to accumulation of inflammatory products in the pericardium.

In the matter of theraputics, a notable advance has been made within recent times. The main indications, according to Eltner, are arrest of hemorrhage, antiseptic occlusion, and dressing of the thoracic wound, measures directed to the general condition of the patient, and operative interference in the event of complications. Dr. Heine Marks advocates what to many might seem a hazardous procedure, but which was attended with brilliant results in one of his cases. He enlarges the wound, explores the chest cavity thoroughly with the finger, and packs it with gauze. The use of opium to secure rest and relief from pain, of stimulants to counteract shock, of cardiac sedatives to prevent excessive re-action, is too well established to require more than mention. In the treatment of complicating pericarditis and pleuritis, the aspirating needles deserve a prominent place. At any rate, the uprooting of the ancient belief, that heart-wounds are universally fatal, has given an impetus to the surgical management of these cases

EDITOR MEDICAL WORLD:—The contents of THE MEDICAL WORLD are worth ten times the price of it.

JNO. STEPHENS, M D.

Reading, Pa.

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Therapeutic Uses of the Nitrites and Nitrates.

Dr. D. J. Leech remarks (*Lancet Resume*, August, 1893,) that in considering the bearing of the pharmacological action of the nitrites on their therapeutic application there are three points worthy of note: *First*, the minute quantities which may influence the vascular system and, as a consequence, certain functions of the body. An eighth of a grain of sodium nitrite, a small but uncertain fraction of a minim of ethyl nitrite, or the sixteen-hundredth of a grain of nitro-glycerine will, in many, distinctly affect the circulation. *Second*, notwithstanding their potency, even large quantities of the nitrites and nitro-glycerine do not readily cause death. Although unpleasant, and even alarming results have been known to follow the administration of comparatively small doses, there has been, as far as I know, only one case recorded in which a fatal result has been attributed to their medicinal use. This is the more worthy of notice, since these drugs have been commonly given in serious cases. I do not know of an instance in which ethyl nitrite or sodium nitrite has proved fatal, though very large doses of the latter have been administered. Amyl nitrite has been taken by the dessertspoonful, yet recovery has, I believe, always occurred, and severe though the symptoms are which follow its inhalation, no harm has ever accrued from its employment, save in one instance, a case of phthsis, where death followed the inhalation of seven drachms. Considerable quantities of nitro-glycerine have been taken with impunity, so far at least as concerns a fatal result; only in a few instances have very large amounts, taken accidentally or for suicidal purposes, caused death *Third*, it is important to bear in mind the evanescence of nitrite action. When nitrites advantageously alter functions, their direct influence for good usually soon ceases; on the other hand, their evil effects are also short-lived; there is no cumulative influence. The pharmacology of the nitrites and nitro-glycerine indicates the class of cases in which these drugs will be of the most utility—namely, those in which the heart is embarrassed in its work owing to a want of due relationship between its power and the calibre of the vessels through which it transmits blood.—*Mass. Med. Jour.*

Many subscriptions expire with this issue. Is THE MEDICAL WORLD a welcome visitor to your office? Does it pay you to take it? If so, don't let procrastination (that thief of time and opportunities) creep in to rob you of it. Keep this before you till you renew your subscription. Those of you who have been renewing from year to year, why not try the four years plan? It is cheaper and less trouble. Four years for $3.00.

Treatment of Croupous Pneumonia by the Internal Administration of Calcium Chloride.

Surgeon-Major Crombie of the Indian Medical Service has obtained excellent results from the internal administration of chloride of calcium in from two to fifteen grain doses every four hours, in twenty-two cases of croupous pneumonia. Under the influence of this treatment the temperature returned permanently to normal in the course of two or three days. The action of the remedy on the local manifestations varied according to the period of the disease. In cases in which the administration was commenced immediately after the appearance of the first symptoms, the dulness on percussion and crepitations gradually disappeared and the respiration never assumed a blowing character. When the treatment was not resorted to until bronchial breathing had become established, the latter disappeared by degrees along with the dulness and crepitations.

Mr. Crombie is of opinion that calcium chloride produces its beneficial effects by neutralizing the pneumonic toxin. In any event from the results obtained it would appear that the action of this substance in croupous pneumonia can be compared with that of iodide of potassium, which has been employed with equal benefit in such cases by Dr. F. Velten.—*N. A. Practitioner.*

Treatment of Diphtheria by Tincture of Myrrh.

Dr. Stroell (*Med Neuigkeiten*, No. 22, 1893) has employed the tincture in twenty cases of diphtheria, with good results, and in the following solutions:

R. Tinct. myrrh.....gms 4 oz j
Glycerine,.....gms 8 dram. ij.
Distilled water, ad.....gms. 200 oz. vjss.

Among these were three cases of laryngeal diphtheria in children under four years. Of this mixture he administers a teaspoonful every hour during the day, in grave cases every half hour, in children under two years; in those from three to fifteen years, two teaspoonfuls, and in those from the sixteenth year on, as well as in adults a tablespoonful. As soon as improvement sets in the remedy is given less frequently. Local treatment is not requisite, but it cannot be denied that local treatment of patches on the tonsils will bring about a better result. Hence in older children and adults he has them gargle with two tablespoonfuls of cloroform water (gtts. 30:℥12½) every hour by day and every two hours by night. One may also paint the tincture pure locally. In laryngeal diphtheria one to two tablespoonfuls of this solution is applied by means of a spray every hour, or even

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half-hour. After several days' treatment with myrrh it may be possible that the urine will present, on boiling, turbidity, in consequence of excretion of the resin of myrrh, which may be distinguished from albumen by its not being flocculent and in clearing up by addition of sufficient alcohol. It may cause painful colicky pains in the renal region, when discontinue and give a warm bath; but this complication was only observed in one case out of the twenty. The writer explains the action of this drug by its increasing the number of leucocytes—phagocytes—thus giving the organism a better posibility of preventing immigration of the micro-organism of diphtheria and its consequences. Prof. Binz states that thirty drops of the tincture of myrrh will increase the number of leucocytes by four times their normal number.

—*Lancet Clinic.*

Treatment of Inebriety.

As a good tonic Dr. Edward C. Mann, of Brooklyn, N. Y., recommends:

R. Quiniæ sulph.....gr. ij.
Zinc oxide.....gr. ij.
Strychnia sulph.....gr. 1-40.
Arsenic.....gr. 1-100.
Capsicum.....gr. ij.
M et ft pil. no. j.
Sig.—One three times a day.

Together with this pill, Dr. Mann uses, for sixteen days, the following hypodermatic dosimetry:

R. Strychniæ nitrat.....gr. j.
Aquæ dest.....oz. ss.
M. Sig.—Eight minims daily for eight days; 4 minims daily for another eight days. To quiet the morning nausea of alcoholics, 2 to 3 drops of wine of ipecac on the tongue, fasting.

To induce sleep the following sedative is administered at night for a few days:

R. Tinct. opii. deod.
Ext. Hydrosc. fld.
Chloral hydrat.
Pot. bromid.....aa. dr. ij.
Tinct. capsici.....dr. ss.
Tinct. aconit. rad.....m. v.
Aquæ menth. pip.....ad. oz. iv.
M. Sig.—Two tablespoonfuls at bedtime for a few days only, freely diluted with water.

If the patient is very much excited, and is bordering on delerium tremens, the following is useful for two or three nights:

R. Hyoscin. hydrobromat.....gr. ʹj.
Aquæ dest.....dr. ix
Spt. vini. rect.....dr. j.
M. et ft. hypodermic solution
Sig.—Dose from 5 to 10 minims *pro re nata.*

—*Virginia Medical Monthly.*

Editor MEDICAL WORLD:—"The Physician as a Business Man" is a library in itself. No doctor can afford to be without it, even though it should cost ten times the price asked. Cash dollars represent its value to me to-day. LOUIS F. HIGH, M.D., Woodburn, N. C.

Bungling Abdominal Surgery.

Cases have come to my knowledge where practitioners, anxious to obtain the prestige presumably gained by abdominal section, have ventured to open the swollen abdomen with no definite idea what they were going after, where they were going to locate it, what they were going to do with it after they had found it. After opening the abdomen freely, with the hope that they might see something which the fingers had not been able to feel, they found the intestines distended with gas, piled up in formidable stacks over the abdomen, and even falling down on the table. Their position was something like the man who attempted to repair the clock; he had no difficulty in taking the clock to pieces, but when he attempted to put it together again he imagined he had wheels enough for fourteen clocks."—Prof. Joseph Eastman, of Indianapolis, in *Jour. Am. Med. Asso.*

Cathartic and Intestinal Antiseptic.

R. Salol.....dram j.
Castor-oil.....dram vj.
Syrup of rhubarb.....oz. iss.
Cinnamon-water.....oz v.
Powdered gum arabic.....q. s.

Make into an emulsion, and administer one tablespoonful every hour until a purgative effect is obtained, in cases of chronic diarrhea, or else one full dose may be employed, using at the same time a disinfectant rectal injection containing fifteen grains of salicylic acid to a pint of distilled water. The diet should be composed principally of milk and beef-tea.

—*Therapeutic Gazette.*

Treatment of Loss of Sexual Power by Ligation of Veins.

Three immediate causes of deficient erections may be specified: destruction of the erector muscles, loss of nerve power, and a change in the circulation. The first of these is so rare and so easily determined that it needs only a passing notice. The second cause, loss of nerve power, seems to me to have received more prominence than it deserves, as it is the basis on which almost all treatment is founded. While its force in many cases is undisputed, yet the frequent failure of treatment based upon it leads me to direct attention to the importance of the third cause, that is, a change in the circulation. This change takes place in the veins, especially those which do not pass beneath the pubic arch, or are not acted upon by the erector muscles. Repeated engorgement of the penis renders their caliber larger and, consequently, there is a more rapid escape of blood through them. When therefore, an erection takes place, it can-

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not be maintained on account of the escape of blood through these channels Thus we have the history of a gradual shortening of the duration of erections, and finally, scarcely none if any, as these veins grow larger

The remedy for such a condition, especially when far advanced, is not in the use of drugs, but may be brought about speedily and safely by the ligation of some of the larger of these veins.

The following case is given to illustrate this cause and its successful treatment.

Mr. M., aged thirty-five, a laborer of powerful physique, came to me about a year ago with the following history: For several years he had been losing the power of maintaining an erection; during the past year its duration had been so short that sexual inter course had been rendered impossible. There was a loss of sexual desire and great mental depression. Excessive use or abuse was the cause of this condition.

I gave all possible encouragement to the patient; advised total abstinence from sexual intercourse, cold baths, (especially to the spine and external genitals); prescribed bromide. cannabis indica, cantharides, damiana, phosphorus and salts containing it; pushed strychnine as far as it could be borne; gave various tonics; used electricity; and in short did everything which offered any hope of success, but all to no effect so far as producing any stronger erections was concerned.

Careful study of the case convinced me that the immediate cause of the trouble was a physical one, due to a leakage, as it were, or to a too rapid escape of blood from the penis when erected. I, therefore, determined to ligate a couple of the larger subcutaneous veins at the base of the penis and watch the effect.

This was very easily done by the use of cocaine. A vein on each side of the penis was exposed, ligated in two places and severed between the ligatures. A dressing was lightly applied and held in position by a strip of adhesive plaster placed longitudinally. The result was immediate. In less than five minutes after leaving my office he had an erection. That night he was awakened by a powerful erection which made the bandage so painfully tight that he was obliged to jump out of bed onto the cold floor to subdue it. Primary union was prevented by the frequent erections, but the success of the operation was certain

Two months later he reported himself well, mentally and physically, his sexual pppetite had returned and since the operation his power of maintaining erections had been as good as ever.

—*Boston Med. and Surg. Jour.*

Bromoform in Whooping-Cough.

This remedy, recommended several times in this journal within the past few years, is rapidly gaining ground in professional estimation. The following are two practical formulas:

Dr. Benton Founing, in *The Practicioner.*

R. Bromoform.....m. i.
Pulv. tracanth c.....dr. ss.
Syr. simp.....dr. ss.
Aq. ad.....oz. ss.
M. Sig —At one dose.

Dr. C. W. Earle, in *Chicago Med. Recorder*

R. Bromoform.....gtt. viii.
Tr. opii. camph.....dr i.
Syr. acaciæ.....oz. ss.
Aq. anisi..... } aa. qs. ad.....oz. i.
Aq. laurocerasii.. }
M. Shake well. S —From on -half to one teaspoonful four times a day to a child one year old.

The Secret of Long Life—An Investigation into the Habits of Certain English Centenarians.

Sir George Humphry has investigated the life-histories of centenarians in England, with the view of ascertaining the causes and circumstances of longevity. The report was published by the Collective Investigation Committee of the British Medical Association in 1887. As one reads of the habits and life of these men and women, who attained to the age of one hundred years and more, one is struck by the fact that they were almost invarlably lean people, of spare habit, and of great moderation in eating and drinking. Of thirty-seven three took no animal food, four took very little, twenty a little, ten a moderate amount, and only one acknowledged taking much meat.

With regard to alcohol, the returns are much the same, and abstemiousness is found to be the rule of life of these centenarians. Fifteen had been total abstainers, either during the whole or part of their lives; two took very little alcohol; twenty-two a little; and ten a moderate amount. Sir George Humphry's interesting and valuable collection of facts regarding centenarians confirms opinions which have been held from time to time by various persons, in opposition to the generally accepted view, that as age increases and strength diminishes food should be more stimulating and strengthening.

The most remarkable of these persons was Cornaro, an Italian nobleman, who lived in the fifteenth and sixteenth centurtes, and who attained the age of upward of one hundred years. He seems in middle life to have suffered from dyspepsia, brought on by overindulgence, for he says that he had "fallen into different kinds of disorders, such as pains in my stomach, and often stitches, and spices of the gout, attended by what was almost still worse, an almost con-

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tinual slow fever, a stomach generally out of order, and a perpetual thirst." At the age of forty he decided that abstemiousness and regularity should be the order of his life, instead of the previous course of indulgence in eating and drinking, which was surely driving him to his grave. He kept his resolution for a year, at the end of which time he declared himself free of all his complaints, He states that his rule was to take as much food and wine as would check appetite without completely satisfying it.

"I accustomed myself," he says, "to contrive matters so as never to cloy my stomach with eating and drinking; but constantly to rise from the table with a disposition to eat and drink still more. . . . What with bread, meat, the yolk of an egg, and soup, I ate as much as weighed in all twelve ounces, neither more nor less. I drank, in all, fourteen ounces of wine." Cornaro lived on this meagre diet to a vigorous old age. He wrote several treatises on the subject of diet, urging others to follow his example; one of these was written when he had attained the age of ninety-five, and shows that he was in full possession of his faculties.—*Phila. Evening Telegraph.*

Ovariotomy without Anesthesia.

A case was reported, at the Surgical Congress, in Paris, of a double ovariotomy on a patient with heart disease, where no chloroform was used. Local anesthesia, along the line of incision of the abdominal wall, was produced by the application of chloride of ethyl in powder. The woman recovered without trouble.—*Pacific Med. Jour.*

To Dissolve a Hypodermic Tablet Quickly.

After the tablet has been introduced into the syringe containing ten or twelve minims of water, invert the syringe and drive out all air, then, placing the finger over the end of the syringe, withdraw the plunger This creates a vacuum and the air in the tablet in trying to escape lifts the tablet to the top of the water and bursts it to pieces. Try it, doctor, and you will save many shakes and give your patient more prompt relief.—*N. C. Med. Jour.*

Three Infectious Diseases Incubative at the Same Time.

Dr. J. T. C. Nash writes to the *British Medical Journal* that he recently had under his care a child of three and one half years, in whom were developed within a week the following infectious diseases in the order named: whooping cough, chicken-pox, measles. The incubative period of pertussis is stated to be a few days, that of chicken pox to be variable, and that of measles from seven to ten days, and the point of interest, the writer holds, is that three distinct poisons should flourish in one *corpus vile*, and come to full maturity at one and the same time.—*Med. Review.*

Surgical Courage.

It sometimes requires a vast amount of courage to do what is right in the practice of surgery. This is particularly true in country practice. It is therefore pleasant to hear of cases like one that recently occurred in the practice of Dr. S. M. Hunter, formerly of Hope, Kansas, now located at Ducktown, a little village of the mountains of East Tennessee Dr. Hunter was called to see a man who had a depressed fracture of one side of the head. *There were convulsions of the same side of the body.* The doctor therefore not only operated for the depressed fracture but, arguing correctly that the convulsions were due to a hemorrhage from rupture of the middle meningeal artery upon the opposite side, opened up the skull in the motor region cleaned out the clot (as large as a small orange), checked the bleeding, and applied the usual antiseptic dressings. The patient speedily regained consciousness and has entirely recovered.—*Kan. City Med. Index.*

Functions of Ovaries and Testicles

It is a well-known fact that the "ovaries and testicles have at least three distinct actions: the first, generation; second, their action through absorption on the central nervous system which give to men and women their physical, moral and intellectual characteristics. The third is a special tonic action which reinforces in a special way the action of the spinal cord and brain." These are well-known functions which cannot be disputed.—*Dominion Med. Monthly.*

Crude Petroleum in Vaginal Inflammation.

Després (*Gaz. des Hop.*, June 15th) has great belief in petroleum as a dressing. First, he found that it was preferable to coal tar and charcoal in the treatment of scirrhous ulcers in the breast Then he obtained good results in cases of advanced uterine cancer, by injecting petroleum into the vagina. The foul discharges ceased at once. Now he finds that the same compound answers well for vaginitis. He uses 100 to 150 grammes of pure petroleum for one injection; it is in no sense a caustic. Two or three injections, one daily, will cure recent vaginitis. The petroleum adheres to the mucous membrane, and soaks into the tissues, so

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that it acts as a permanent dressing. The patients do not complain of the odor of the compound, and it in no way affects their health.—*British Med. Jour.*

Diphtheria and Membranous Croup.

Dr. James R. Leaming, in his work on Diseases of the Chest, gives the following treatment as being uniformly successful:

R. Ammonii muratis .....dr. 3.
Potassii chloratis .....dr. 1.
Aquæ cinnamomi.....oz. 2.
Syrupi acaciæ.....oz. 2.
Syrupi senegæ.....oz. 1.
M. S.—Give one teaspoonful every five minutes until there is relief or until vomiting ensues.

The Doctor states that often the medicine will have no other effect than to irritate the stomach until after a large dose of calomel is given, when it is then well borne and produces the desired effect. His theory of its action is that, by its defibrinating power it dissolves the membrane.

C. B. Galentin, M.D., in a book entitled "Diphtheria, Croup, etc.; or the Membranous Diseases," published in 1884, gives his method of treating these diseases by the internal administration of chloral. Two of his standard formulæ for children from five to ten years of age, are as follows:

R. Chloralis.
Potassii chloratis.....aa. gr. 48.
Spt gaulth (vel. menth. pip).....dr. i.
Syrupi.
Aquæ..... aa. oz. ii.
M. S.—One to one and a half teaspoonfuls every half hour while the patient is awake. No drink after it for about ten minutes. Continue sufficient to keep up a slight condition of somnolence.

R. Chloralis.
Ammonii bromidi.....aa. gr 50.
Spt. chloroform.....aa. dr. 1 to 2.
Syrupi.
Aquæ.....oz ii.
M. S.—Give one teaspoonful every hour when awake.

The Doctor also recommends suitable local antisepsis

Dr. J. A. Miller, of California, in a small volume, published in 1887, on the treatment of croup by means of acids—any strong acid—gives the following as his standard formula:

R. Acidi sulphurici dil.....oz. 2.
Tinct. phytolaccæ.....oz 1.
Tinct. sanguinariæ.....oz. ½.
Tinct capsici.....dr 1.
Aquæ cassiæ.....oz. 8.
M. S.—One-half teaspoonful every hour or two hours.

The treatment with active principles (Dosimetric Granules) is given in full in Dr. Waugh's new book, "Manual of Treatment With Active Principles and New Remedies," being too full for re-publication here. Every phase of the disease is treated.

Dr. William B. Coley, of New York, in a long article in the *Post Graduate*, details the results of treatment of forty-three cases of cancer, (all of them so far advanced as to be pronounced beyond the benefits of operation) by the inoculation of the toxic products of erysipelas. Eleven were permanently cured. Three died from the erysipelas—but a short time, however, before they would necessarily have died of the cancer. The remaining cases all showed great improvement, the treatment thus adding to their length of life. The treatment of the different cases is given in detail in the August number of the journal referred to.

For Colds.

The season of year is here which is attended with catarrhal and bronchial troubles, especially among those who are shut up too much in the dry, house air. "Colds in the head," irritated or sore throat, oppressed breathing, severe cough and debility are symptoms going the rounds. I have found the following prescription to do excellent service:

R. Liq. ammon. acetat.....ounces ij
Ammon. carb.....gr. x
Misce et adde:
Syr. yerba sant.....ounces j
Syr. prun. virg.....drams v
Aquæ menth. pip.....drams ij
M. Sig.—Large teaspoonful for adult every hour for several doses, until relieved, and then less frequently.
Also alternating with the above:
R. Sodii benzoat.....scruple iiss
Acetanilid.....scruple j
Quinine sulph.....gr. x
M. ft. capsules, 4 grs. each, cupped dry, No. xx. Sig.—One capsule every hour, etc., as above, in alternate doses.

With the above I have found the tightness in chest, shortness of breath, soreness and pain abate in five hours, so that the patient would get up from bed and take an interest in the affairs of the house. It will be noticed that I fortified my liq. ammon. by the addition of some ammon. carb., to restore its stimulating qualities as an expectorant and diaphoretic. Observation will prove that liq. ammon. acet. gradually loses its ammonia by frequent opening of the bottle in the drug-store when compounding, even thongh the cork may do its usual leaky service

The syrup or other ihgredients should not be added to this form of prescription until after the chemical reaction has been completed.
—Burton W. Swayze, M.D., Philadelphia, in *Med. Summary.*

What if an investment returning 25 per cent. profit were offered you? To *save* 25 per cent is just as good. WORLD *four years for* $3.00, an average of 75 cents per year and trouble and expense of remitting every year is also saved.

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Differential Diagnosis of Follicular Tonsillitis and Diphtheria.

1. Remember that the membrane of diphtheria does not remain confined to the tonsils, but that it spreads to the uvula, soft palate, and perhaps to the post-pharyngeal wall; in in other words, it may leave the tonsil. The pseudo-membrane of follicular tonsillitis never does this.

2. The membrane of diphtheria is so closely adherent to the underlying parts that you cannot lift it up from the mucous membrane without rupturing the capillary vessels, causing a slight bleeding. The pseudo-membrane of follicular tonsillitis is easily raised from the underlying mucous membrane with a probe; it leaves no abraded surface beneath it, and very often you can draw out with the pseudo-membrane the contents of the follicle, the mouth of which it covers.

3. The diphtheritic membrane is always thick. In follicular tonsillitis the membrane is thin and delicate.

4. The membrane of diphtheria is always of a dirty, yellowish color; the pseudo-membrane of follicular tonsillitis is pure white or of a pearl-gray, and is clean and bright. The membrane of diphtheria after twenty-four or forty-eight hours becomes necrotic, and takes on a dirty, blackish-gray color—in short, it looks what it is, a necrotic, dead, or dying membrane. The pseudo-membrane of follicular tonsillitis, on the other hand, always remains whitish, pearl-white or gray, and never becomes blackish or necrotic.

5. The tonsillar portion underlying the diphtheritic membrane is of a deep red or bluish-red color. The underlying tissue in a case of follicular tonsillitis is bright red, never of a very dark, angry color.

These points, I am sure, will assist you, as they have often assisted me in making the differential diagnosis between diphtheria and the pseudo-membrane of acute follicular tonsillitis. Of course, we can go further, and with the microscope determine the presense or absence of the Lœffler bacillus, but I have given you the practical bedside tests which will usually enable you to answer definitely and quickly regarding the true nature of the membrane.

Now let me say a word about the contagiousness of follicular tonsillitis. Here I must deal largely with the individual belief. I believe to-day, as a result of my own experience, that follicular tonsillitis is mildly contagious; that it is not safe to put others in the way of direct contagion, and my advice to you is that it is best to isolate the patient, and particularly to keep children from being around those suffering from this disease. You should also banish from the sick-room adults having hyperthrophied tonsils or suffering from any condition which predisposes to such a contagion.—Dr. Geo M. Lefferts, in *Med. and Surg. Reporter.*

Gonorrhea—Abortive Treatment.

To abort gonorrhea, Dr. Jamin washes out the anterior portion of the urethra several times daily, for about four days, with a solution of potassium permanganate of the strength of 1 to 4000 of water. The first three washes are made at intervals of about five hours; the subsequent ones, only every twelve hours. After the first injection, it is claimed, there are no more gonococci in the urethral discharge; the other washes are intended to destroy the latent germs in the uretnra.

The injections of potassium permanganate, when made according to Pezzer's method, are reported to succeed very well. The liquid is injected through a red rubber catheter with thin wall and lateral perforations throughout, through which the injected fluid emerges and thus bathes the mucous surface of the urethral canal maintained dilated.—*Merck's Bulletin.*

Method of Bringing Down the Arms After Version.

Magnus recommends a new mothod of bringing down the arms after version and delivery of the trunk, which should not be brought down too far before delivery of the arms. When these are about the neck the hand should be introduced in the ordinary manner, two or three fingers being placed on the superior edge of the scapula, which is gently pressed downward. This will cause the arms to move suddenly and to come down without any further help. Others besides the author have successfully made use of this method.—Ugeskrift fur Lagen *Univ. Med. Jour.*

Schiller has said that men are not men until they reach the age of twenty-eight years. What is needed, therefore, is to know how to hold in check the functions of manhood until that age is reached. To this end is recommended abstinence from alcohol and albuminous food, vigorous work for the body and mind; cleanliness in both body and mind, clean reading, clean conversation and clean thought.—*Ex.*

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Formulas.

Treatment of Dandruff.

We have found the following useful in many cases :

R. Resorcine.....dram j
Be a naphthol.....scruple j
Tinct cinchon. comp.....drams iij
Sp s. myrciæ.....q. s ad.....ounces vj
M Sig.—Apply twice daily.

—*Medical Review.*

In Whooping Cough.

Theodose, (*Archiv. fur Kinderheilkunde*) as a medication used chiefly a combination of bromoform and antipyrin. He also used extract of hyoscyamus. The mortality in 353 cases was small, except in children under three months.

Antiseptic Varnish.

Dr. Berlioz gives the composition of this varnish which will be found useful on mucous membranes and where it is difficult to keep any other dressing on. He calls it *steresol.*

R. Gum lac, purified and soluble in alcohol.....270 grms.
Benzoin the same.....10 "
Balsam of tolu.....10 "
Carbolic acid, crystallized.....10 "
Oil of cinnamon.....6 "
Saccharin.....6 "
Then add alcohol to make a quart.

—*St. Louis. Med. and Surg. Journal.*

For Ringworm.

Paint with a saturated solution of salicylic acid in collodion It is said that one painting is enough.—*Brooklyn Med. Journal.*

Treatment of Certain Forms of Acne Rosacea.

Professor Petrini (*La Roumaine Medicale*) May, 1893) recommends the following application in the treatment of acne rosacea :

R. Collodion flexil.....30
Ichthyol.....2
Resorcin.....1
M.

This mixture is painted over the diseased parts, all pustules present having been previously opened for three successive days. After five to six days the applications are repeated as before.

—*Amer. Jour. of the Med. Sci.*

In the Treatment of Pneumonia.

Dr. W. D. Holmes, of Charleston, Mass., claims to have had excellent results, if abortive measures failed, from the use of the following:

R. Tr. strophanthi.....drams iii.
Alcoholic solution of nitro glycerin(1 per cent.).....gtt. xxiv
Tr. nucis vom.....drams vi
Elix. auranti, q. s ad.....ounces iv.
M. Sig.—Teaspoonful every four hours.

As the effect of the strophanthus and nitroglycerin is to dilate the capillaries, Dr. Holmes prefers these agents to digitalis, which contracts them. Nux vomica stimulates the heart and respiration. With this treatment are given carbonate of ammonia and alcoholics, with an easily assimilated diet.—*Med Bulletin.*

For Ozena (Tarban.)

R. Iodol.
Acid tannic,
Sodii borat,.....aa drams j
M. Sig.—Use as a snuff five or six times a day.

—*Coll. and Clin. Record.*

For Otalgia.

R. Chloral camphorat.....p v
Glycerini,.....p. xxx
Olei amygdal. dulc.,.....p. x.
M.—Introduce a small piece of cotton dipped in this mixture into the affected ear.

—*I. B. Progres Med.*

For Local Syphilides of the Scalp.

Dr. Rietma (*Deutsche Med. Wochen.*) employs the following salve.

R Hydrargyri ammoniati,.....drams j
Hydrargyri chloridi corrosivi,.....gr. iij
Vaseline,
Lanoline,.....aa drams v
Olei rosa.,.....gtt. v
M.—The scalp should be washed with a solution of sodium bicarbonate before applying the salve.

Oxalic Acid as an Expectorant.

Dr. Poulet (*La Semaine Medicale.*, No. 33, 1893) has employed oxalic acid in cases of asthma, capillary bronchitis, and even in tuberculous bronchitis, with good results, for he regards it as an excellent expectorant. He employs the following formula :

R. Oxalic acid,.....g ns. 2 (grs. xxx.)
Infusion of tea,.....gms. 190 (ounces vj).
Syrup bitter orange peel, gms. 75 (ounces ijss).
A spoonful from hour to hour.

This formula, which it perfectly innocuous, rapidly causes all the threatening symptoms of capillary bronchitis to disappear.—*Lancet Clinic.*

To Allay Itching in Skin Diseases.

R. Plumbi acetatis,.....gr. xvj
Ac d. hydrocyanic. dilut.....f drams iss
Spirit. rectificat.,.....f ounces ss
Aquæ destillatæ,.....f ounces viiss.
M. Sig.—Use as a wash.

Dr. A. T. Thompson.—(*Med. and Surg. Reporter.*)

Laryngeal Diphtheria.

R. Quick lime q s.
Aquae q. s to convert the quick into slaked lime.
Eucalyptol (Sander & Son).....drams iii.
Sig. Inhale the arising vapor.

The heat produced by the hydration of the Ca O will volatilize the eucalyptol and O set free will convert the same into an excellent expectorant and antiseptic.

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To Hasten Desquamation in Scarlatina.

R. Resorcin,.....ounces ½
Lanolin,.....ounces iss
Olei sesami fluid.,.....ounces ss.
Fiat unguentum.
M. Sig.—Rub into the skin.

—*Med. and Surg. Reporter.*

Reviews.

As a rule, *reprints* mentioned in these columns are offered to be sent free, unless a price is stated, upon application to the author, mentioning THE MEDICAL WORLD.

MANUAL OF TREATMENT WITH ACTIVE PRINCIPLES AND NEW REMEDIES. By William F. Waugh, A. M., M. D. Cloth, 247 pages. Price only one dollar. Published by the Medical Press Co., Limited, 1725 Arch street, Phila., Pa.

To all who wish to succeed in practicing with Dosimetric Granules this book is indispensible. It is nearly a whole therapeutic library in itself. The information of many whole chapters of other works is here often put within the space of a single page.

The first department of the book is devoted to the materia medica. Here each drug is briefly described, its physiological action detailed and its therapeutic applications given with dosage and methods of administration.

Not only are the active principles of our common drugs given here, but the vast numbers of new remedies lately brought out by the different chemical laboratories will also be found described and uses and dosage given. This will meet the demand of many who have lately asked us for just such information.

The second department is an index of diseases with full detailed treatment given for each one. Here there has been a vast amount of work done in condensing to a brief compass that which others would have taken a large volume to express. The doctor can truly make it a pocket companion.

The rich clinical experience and vast knowledge of medical science which the talented author brings to this work make its value one not easily measured by dollars and cents. Even if the price asked were ten dollars instead of one, the practicing physician could not afford to do without it, as the book would earn its cost for him in a very short time.

The book is printed well, on excellent paper and bound in a substantial, neat form. We hope that it will have a large sale and do much good.

DOCTORS are wage earners They are hired by private parties to perform certain personal service. When there is no work for them or when they are disabled from working, their income ceases. In this particular the condition of all wage-earners differs from that of the bond-holder, banker or capitalist, who draws his entire sustenance from the earnings of the wage-slaves either directly or indirectly. The doctor pays his share of this tribute in all the supplies he purchases for himself or his family. But, far more than this, the doctor is directly interested in the uninterrupted prosperity of the masses of the people, as he expects almost his entire employment from them. If they are unable to employ him or to pay him when employed, he and his family suffer. Concerning economical questions, and possible remedies for the present distress, see THE NEW NATION (weekly $1.00 per year, 13 Winter street, Boston) edited by Edward Bellamy, the talented author of that remarkable book, "Looking Backward."

The "Letter from an Altrurian Traveller," by W. D. Howells, in the November number of the *Cosmopolitan Magazine* (New York) is alone worth at least ten dollars to any man who desires the welfare of himself, his family and his country and desires to rescue them from many of the unjust conditions now existing. Yet the whole magazine can be had for only 18 cents, $1.50 per year. More than this could hardly be said to express our high opinion of this most useful magazine.

HERNIA: ITS PALLIATIVE AND RADICAL TREATMENT IN ADULTS, CHILDREN AND INFANTS By Thos. H. Manley, A.M., M D., Visiting Surgeon to Harlem Hospital, New York, etc. Cloth, 231 pages, price $3.00. Published by the Medical Press Co., Limited, 1725 Arch street, Philadelphia.

It is only necessary to refer to the name of the author of this work, Dr. Manley, to estimate its value, as he is already well known to our readers through his able articles in these columns. Being a specialist of acknowledged ability and having a field of work in which he has abundant clinical material, Dr. Manley has given us a book rich with the results of his experience. The work is abundantly illustrated with cuts that render the more difficult and complicated phases of the subject perfectly clear.

Wit and Wisdom.

LAMBERT'S LISTERINE is a preparation of superior merit. It has many imitators but no equals.

WE hear on all sides golden opinions of Freligh's Tablets for throat and lung diseases. For price-list, samples, etc, address, I. O. Woodruff & Co., 88 Maiden Lane, New York, N. Y.

INGLUVIN is such a successful article that some are trying (unsuccessfully) to imitate it. The manufacturers, Wm. R. Warner & Co., 1228 Market street, Philadelphia, have been informed that it is sometimes offered for sale in bulk. This is evidently a base substitution, as they inform the public that they put it out only in one ounce bottles.

IN the treatment of nervous diseases and general debility, McArthur's Syrup Hypophosphites demonstrates its restorative powers. Here it is not the stimulating action of the remedies usually classed as tonics that is needed. The organic powers of the system are already taxed to their utmost ability to carry on the physiological processes of life. The Hypophosphites of lime and soda gives the much needed effect in these conditions—not that of a stimulant by irritation, but that of a true nutriment to the starving tissues. Its tonic effects are permanent as they are the effects of a richer blood supply, bringing healthy food and oxygen to the tissues. Thus the patient is gradually brought up to his normal condition.

WHAT a handsome Christmas present to any medical friend would be a fine pocket case filled with those small granules of the active principles, made by the Philadelphia Granule Co., No. 10 South Eighteenth street, Philadelphia. They are all prices, from $3.00 up to $12.00, and every one a veritable pocket pharmacy. Send early to avoid the rush in the mails. Dosimetric medication is advancing rapidly.

In her little work entitled "Pensees," the Queen of Roumania writes: "It is better to have a physician than a priest for a confessor. You tell the priest that

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you detest mankind. He answers, '*You are not Christian.*' The physician gives you a dose of rhubarb and you love your fellow being. You tell the priest that you are tired of living. He answer, '*Suicide is a crime.*' The physician gives you a stimulant and you immediately find life supportable'.'—*Lancet Clinic.*

To physicians who wish to become practically familiar with electro-therapeutics, we again recommend a course with Dr. Walling, either in his office or by correspondence. Address, 1606 Green street, Philadelphia, Pa.

R. REECE, M. R. C. S, Eng., 1851, L. S. A., 1832 Walton-on-Thames, England, says: I used Aletris Cordial in a case of painful menstruation. It was most valuable. The wife of a minister suffered much and had had three miscarriages.. Prescribed Aletris Cordial. She has, for the first time gone her full time, and was safely confined with a male child. I also prescribed it to a relative, suffering with leucorrhea for years. Great relief from pain, and the discharge much less. In the first case related it was truly a God-send to her.

A REMARKABLE and important point in favor of the Rudisch Beef Peptone (sarco peptones) is that the article will keep for years if the glass jar is not uncorked (no paraffine is used) and for many months after the jar is opened, providing it is then left uncovered. It is claimed for the Rudisch Beef Peptone that the above is true of no other similar preparation, that indeed, no other article on the market consists *solely* of palatable predigested, soluble beef.

FOR an interesting Columbian year souvenir, address Jerome Kidder Manufacturing Co., 820 Broadway, New York, mentioning this journal.

SOZODERMA SOAP has been favorably reported upon and adopted by a large percentage of the professi on in their practice with Skin Diseases, Scald Head and other scorbutic maladies of children, we learn of most satisfactory results from its use. Thymoline, its active principle, having a healing effect on a diseased cuticle. This Soap is far superior to the super-odorous carbolic soap used so largely by medical men and surgeons, which is in the highest degree obnoxious to the sense of smell. Messrs. Hall & Ruckel, 216 Greenwich street, New York, the proprietors, are mailing samples to physicians, one of which may be had upon application and mentioning this journal.

HEMORRHOIDS :—

R. Ext. Belladonnæ..... 5 gr.
Ext. Phytolaccæ .....20 gr.
Kennedy's Ext. Pinus
Can. (white)..... 4 drachms
Pulv. Marantæ..... 3 drachms
Agnine..... 2 oz.
M. ft ungt. Sig. Apply three times daily.

HOW A CASE OF GLEET OF SIX YEARS' STANDING WAS CURED.—Dr. H. E. Potter, of Clifton, Kansas, writing, says: "A case of gleet of six years' standing, being the result of gonorrhea, and which had resisted all other treatment, was cured by the use of one bottle of *Sanmetto*. The prostate in this case was very much enlarged and an attempt had been made to reduce it by means of saw palmetto, but the stomach rebelled against the naseous taste of this drug, and it had to be discontinued before any impression was made. I consider *Sanmetto* an elegant preparation, and capable of doing all that is claimed for it. In addition I find it an excellent cardiac tonic. Its manufacturers have surely succeeded in making *palatable* two valuable but *nasty* remedies."

YOUR lady patients will want a "Ladies' Perfect" syringe, made by the Aloe & Penfold Co., Omaha, Neb.

SEE the grand "one dollar" offer of pills, tablets, etc., of P. J. Noyes Co., Lancaster, N. H.

FOR genuine cut rates in surgical instruments address, I. Phillips, 69½ Whitehall street, Atlanta, Ga.

NOW your cases of rheumatism will need salophen. Address W. H. Schieffelin & Co., New York.

FOR your obstinate cases of biliousness use Chionia. Made by the Peacock Chemical Co., St Louis, Mo.

B. KEITH & CO., organic chemists, 75 William street, New York, will furnish you with concentrated tincture of avena sativa and other pure concentrated medicines.

FREE sample of the new antiseptic agent, Phenosalyl, if you will address Schultze-Berge & Koechl, 79 Murray street, New York, and mention this journal.

DR. GOULD, in the *Medical News*, says: "Good medical writing is either a laborious digestion and epitomization of the medical experience of others, honest credit being given, or it is a concise setting forth in truthful, modest phrase of the sifted results of one's own clinical experience."—*American Lancet.*

The *Boston Medical Journal* says that a house in that city contains five full generations: the great-great-grandfather and mother, both over 90, but well and active; the great-grandmother and her husband; the grandmother and her husband; the mother and father; and the daughter, nearly two years old.—*American Lancet*

DR. LEO EGGER, OF VIENNA, ON AMERICAN MANUFACTURING PHARMACY.

"It remains for me to speak briefly of individual manufacturing establishments. This journal has previously contained such detailed reports on Parke, Davis & Co., of Detroit, that I need add but a few words respecting the internal operation of these laboratories which stand alone in extent and perfection of equipment. The most outrageous pedant is forced to unqualified admiration when he sees the painstaking care and caution to ensure reliability, with which the colossal manufacturing operations are conducted, and with which every single pill, tablet, solution, and extract is made actually and absolutely to contain what is claimed on the label. This is achieved by a remarkable system of graduated responsibility within the entire corps of officials, each superior being held accountable for the errors of his subordinates, should the real culprit not be detected.

"A visit to this factory shows that operations on a manufacturing scale are conducted at no sacrifice whatever of the accuracy and caution characteristic of our craft—on the contrary, that the extensive production renders possible a perfection in the preparations which would be inconceivable in work of lesser magnitude."

JOHN J. SULLIVAN, M. D., of New York City, N. Y., writes under the date of June 15th, 1893: "I have been using with very marked success the following combinations in acute tonsilitis:

R. Tinct. Guaiac Ammon.....drachm i.
Antikamnia.....gr. v
M. S. To be taken in a half glass of milk every four hours.

This had a very agreeable effect on the whole course of the disease. I believe it is the very best combination for the cure of this very common affection."

IN your obstetric practice you want to know what is best for all phases of the case. You will find the Mizpah nipple the very best one for bottle nursing infants. It has a peculiar construction which prevents the swallowing of air. That, with the Mizpah breast

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pump for relieving mammary distension, makes your out-fit for these purposes complete. For these articles address, Walter F. Ware,70 North Third street, Phila.

THE Compound Talcum Baby Powder, made by Dr. Julius Fehr, Hoboken, N. J., is a decided success.

HORSEFORD'S ACID PHOSPHATE is a well-known and valuable preparation.

In the selection of a choice Christmas gift, or an addition to one's own library, both elegance and usefulness will be found combined in WEBSTER'S INTERNATIONAL DICTIONARY, which is the last of the various revisions and enlargements of the original "Webster." The International represents fifty times the amount of literary labor that was expended upon the earliest edition.

ONE of the most elegant pharmaceutical preparations ever put out is the Pancreo-Bismuth and Pepsin, for indigestion, manufactured by George C. Frye, chemist, Portland, Maine. Sample free upon request if you mention this journal.

AN original and valuable idea is that of the Upjohn Pill and Granule Co., Kalamazoo, Mich., for their method of making pills. It will pay you to investigate.

ORDER your new suit of E. O. Thompson, 1338 Chestnut street, Phila.

HAYDEN'S VIBURNUM COMPOUND is the earliest preparation of the kind to be put upon the market.

THE Hastings Truss Co., 224 South Ninth street, Phila., make a fine line of trusses and uterine supporters.

SEE the fine offer made by the H. K. Mulford Co., 2182 Market street, Phila., of a handsome pocket case of tablets and triturates for only $3.00.

FOR a fine cordial of Cod Liver Oil (a new and most excellent combination) address The Katharmon Chemical Co., St. Louis, Mo.

FOR abdominal supporters, umbilical trusses and elastic bandages, address the Empire Mfg. Co., Lockport, N. Y.

FELLOWS' Compound Syrup of the Hypophosphites is a standard article.

PHYTOLINE is a successful remedy for the treatment of excessive fat formation.

FOR hemorrhoids use the pile ointment made by Fred. W. Stewart, Oswego, N. Y.

IF you do not know the merits of Marchand's Peroxide of Hydrogen and Glycozone, send to Charles Marchand, Laboratory, 28 Prince street, New York, N. Y, and mention this journal, saying that you will pay express charges.

SEE the liberal prices to physicians of the elastic stockings, abdominal supporters, uterine supporters, etc., made by G. W. Flavell & Bro., 1005 Spring Garden street, Phila.

A GENUINE nerve, blood and tissue builder is the Marshmallow Cream, made by the Diamond Laboratory Co., Naugatuck, Conn. Sample free if you will mention this journal.

YOU should by all means send to the Norwich Pharmacal Co., Norwich, N. Y., for a sample of their Unguentine, an antiseptic, astringent, healing ointment. Mention this journal.

IF your cases of gonorrhea trouble you send to Charles L. Mitchell, M.D., 1016 Cherry street, Phila., for his instructive pamphlet on the subject—free.

HAVE you yet tried Micajah's Uterine Wa. :s? Samples free. Micajah & Co., Warren, Pa.

FOR hollow suppositories, all ready to drop the medicine in, or for free sample of a superior glycerine suppository, address, Hall & Ruckel, 218 Greenwich street, New York, N. Y.

As a laxative, Syrup of Figs is well spoken of.

THE genuine Johann Hoff's Malt Extract is imported only by Tarrant & Co.

FOR Ford's Essence of Pepsin, address the New York and Chicago Chemical Co., New York.

WE have seen a great deal of the goods (pocket cases particularly) made by the Western Leather M'f'g Co., 81 Illinois street, Chicago, Ill. All first-class.

WE always carry a Weinhagen thermometer in our pocket.

As a nourishing, pleasant beverage, use Walter Baker & Co's Breakfast Cocoa.

AN important advance in the art of soapmaking has been made by Blondeau et Cie with "Vinolia" Soap. Many of the objections physicians have found with the ordinary toilet soaps on the market have been obviated in this Soap, which is free from the sugar, resin, and methylated spirits found in transparent soaps, is not colored in any way and contains an excess of emollient cream, which prevents the drying, caustic action the usual toilet soaps exert on the skin. The "Vinolia" Balsamic (Medical) soap is especially suited for medical use, while for ordinary toilet use the "Vinolia" Otto of Rose Soap is exquisite. A useful brochure on the "Evil Effects of Soaps" has been issued by the manufacturers in which they detail the main points between "Vinolia" Soap and other makes of toilet soaps. Mention THE MEDICAL WORLD.

THE Malted Milk Co., Racine, Wis., are offering to send to any physician one of their new desk tools, a ruler, measure and paper cutter combined. You will find one a very convenient and useful article to keep on your desk. Physicians who are unacquainted with Horlick's Malted Milk will find it a very satisfactory food for infants whose mothers cannot nurse them or while weaned, and for adults as well, especially in cases of typhoid fever, pneumonia, phthisis and other wasting diseases and for digestive ailments such as dyspepsia, gastritis, cancer of the stomach, etc. It is a very pleasant and highly concentrated food, containing all the nutritive elements in pure, rich cow's milk and cereals, the milk preserved without the use of cane sugar or other hurtful ingredients and with the excess of casein partially predigested by Plant Pepsin, a new and natural vegetable ferment used only by the above firm. Send for a sample and give it a trial.

DR. W. A. JONES, of Malvern, Ark., under the date of Oct. 3, 1893, writes:—"I have given Papine a thorough test and like it much better than any other preparation that I have ever used of all the opiates. It never nauseates, either primarily or secondarily, and has given relief where all the other preparations of opium have failed. It acts well as a febrifuge."

LIVER COMPLAINT BY MUSIC.

Under the shade of a spreading maple tree on a Bartlett street lawn in Lewiston, a group of children were keeping cool and keeping school at the same time.

The lady of the house missed her scissors, and she walked out to find them. Before reaching the chil-

Continued on next leaf.

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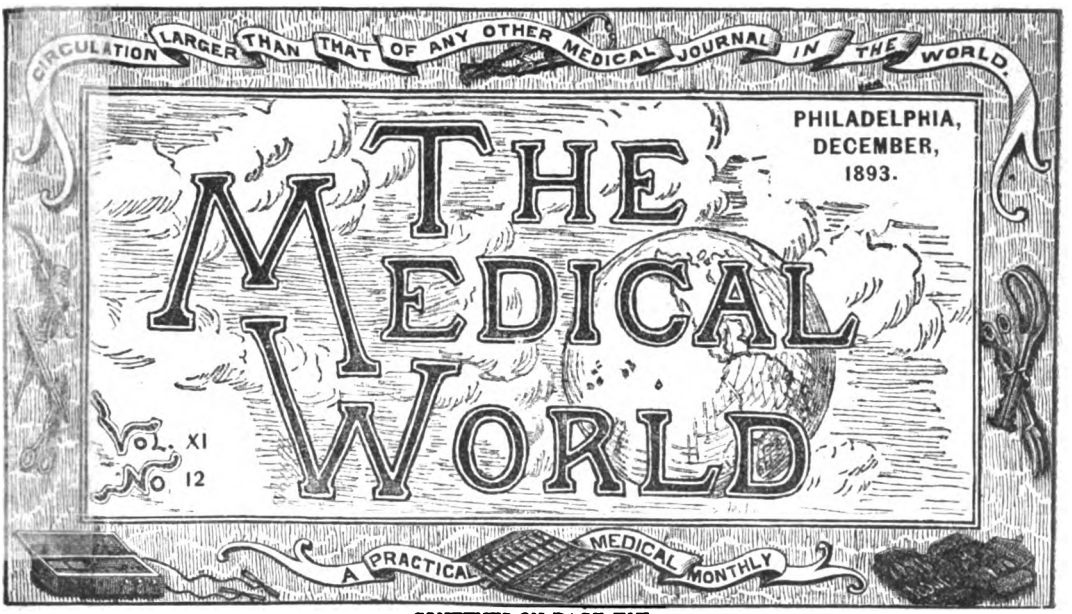
ALWAYS ON TOP Of this page as well as the Alkaloidal Granule business. If you haven't had a list and samples ask for them. Have you tried Buckley's Uterine Tonic?
The Abbott Alkaloidal Co., Ravenswood, P. O. Chicago.


CIRCULATION LARGER THAN THAT OF ANY OTHER MEDICAL JOURNAL IN THE WORLD.
THE MEDICAL WORLD
PHILADELPHIA, DECEMBER, 1893.
VOL. XI
NO. 12
A PRACTICAL MEDICAL MONTHLY

CONTENTS ON PAGE XIX.

McARTHUR'S SYRUP.

(SYR: HYPOPHOS; COMP; C. P., McARTHUR.)

Its use is indicated in Consumption and Tuberculosis, Diseases of the Chest, Chronic Cough, Throat Affection, General Debility, Brain Exhaustion, Impotence and Loss of Memory.

The point of primary importance in the use of the Hypophosphites is their *chemical* purity, but unfortunately they are too often adulterated.

So little seems to be generally known, even among the medical profession, with regard to the chemistry of the Hypophosphites, and the absolute necessity of CHEMICAL purity, that we call attention to this point.

One of the first effects produced by the use of our CHEMICALLY PURE Hypophosphites is a general increase of nervous energy, with a feeling of ease and comfort.

The second effect is an increase of appetite; digestion is improved, and the bowels become regular in their action, the quantity and color of the blood is increased, respiration is controlled, a better expansion of the chest is observed, cough improves, easy expectoration is produced, night perspiration diminishes, the face becomes fuller, the lips red, the nails and hair grow, and in children the teeth, showing the importance of the Hypophosphites on the organ of nutrition.

☞ **Physicians when prescribing will please write thus:**

℞ SYR: HYPOPHOS: COMP: McARTHUR. ONE BOTTLE.

As it is made *only for physicians* there are no printed wrappers or advertisements about the bottle. Our pamphlet on the **CURABILITY AND TREATMENT OF CONSUMPTION** sent free to physicians upon application.

Send Twenty Cents in Stamps for McARTHUR POCKET DIARY, 1894 "Handiest and most useful little book for the physician that we have seen. Contains doses of drugs including new remedies, a list of disinfectants and how to use them, antidotes for poisons, methods of treating emergencies, an obstetric ready reckoner and other valuable information."—*Brooklyn Medical Journal.*

McARTHUR HYPOPHOSPHITE CO., Boston, Mass.

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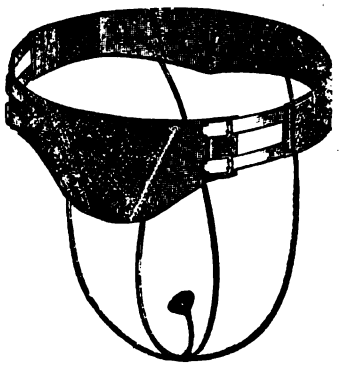

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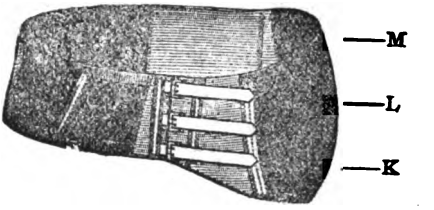
SATISFACTION ASSURED.
Directions for ordering.—Give circumference of abdomen two inches below the navel and state if for Prolapsus, Anteversion or Retroversion.

Flavell's Abdominal Supporters.

Directions for Measurement.—Please give exact circumference of body at K, L, M.



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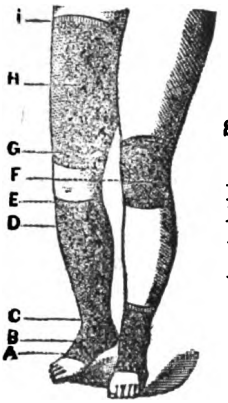
SILK ELASTIC,	Each, $2.75
THREAD ELASTIC	" 2.00



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	Best Silk—Each.	Best Thread—Each.
Stocking from A to E,	$2 50	$1 50
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Legging " C to E,	1 50	1 00
Anklet " A to C,	1 50	1 00

Directions for Measurement.—Give exact circumference and length in all cases. We allow for expansion.

Goods sent by Mail upon Receipt of Price or Express C. O. D.

G. W. FLAVELL & BRO., Manufacturers,

1005 Spring Garden Street, PHILADELPHIA, PA.

For the purpose of introducing our products where they are unknown we have decided to make the following offer for sixty days, to new customers only.

FOR ONE DOLLAR

we will send you the following:

100 Pil. Analgesic	$0.35
100 Pil. Sulphate Morphine, 1-8 gr.	.18
100 Pink Granules, Calomel, 1 10 gr.	.15
100 Dosimetric Granules, Strychnine	15
100 Tablet Triturates, Calomel, 1-20 gr.	.10
100 Tablet Triturates Heart Tonic and Stimulant	.20
100 Tablet Triturates Aloin and Belladonna Comp.	.12
100 Ammonia Muriate Comp. and Codeine	.15
100 Tablet Triturates Tincture Aconite, 1 m.	.10
100 Granules Compound Cathartic, No. 1	.15
100 Pil. Lacto-Pepsinum Comp.	.45
100 Tablets Acetanilid, 5 gr.	.25
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1 Tube Soluble Hypodermic Tablets, Morph. and Atropia	.14
100 Tablets, Pulvis Antipyretic Comp.	.25
Total	**$3 04**

Each person will be entitled to but one acceptance of this offer.

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SOZODERMA

OR SARGENT'S ANTISEPTIC THYMOLINE SOAP

AN AGREEABLE DISINFECTANT FOR THE USE OF PHYSICIANS AND SURGEONS.

Sozoderma or Sorgent's Antiseptic Thymoline Soap has for its active principle chemically pure Thymol, and is a most efficient substitute for the mal-odorous preparations hitherto used for the washing of putrescent sores, the removal of cutaneous eruptions and exfoliations, and the ablution of the hands after the use of the dissecting knife, or the manipulation of the sick, especially those suffering with skin diseases.

Sozoderma Soap will remove microbic germs, which unavoidably fasten themselves upon the cuticle of medical attendants, operators in sick chambers, and the wards of hospitals and surgeries. **Thymol** is analogous to camphor, is homologous with phenol or carbolic acid, but a much more agreeable and pleasant disinfectant; it arrests and corrects putrefaction, and can be relied upon as a remedy to counteract a putrescent tendency.

After a clinic or anatomical demonstration no cleanser is so effective and agreeable.

Sozoderma Soap is far superior to the super-odorous carbolic soaps used so largely by medical men and surgeons, which are in the highest degree obnoxious to the sense of smell.

Physicians cannot too strongly recommend the use of **Sozoderma Soap** to their patients as a means of restoring health to a diseased cuticle. For inflammations, scald head, milk crust and other scorbutic maladies of children it will be found equally efficacious. Physicians after a round of visits, to the wards of hospitals or the handling of objectionable cases, will find this soap a most **pleasant deodorizer and disinfectant.**

A SAMPLE CAKE OF **Sozoderma Soap** WILL BE MAILED FREE ON APPLICATION BY MENTIONING THE MEDICAL WORLD.

The regular size (4 oz. cake) is sold by all reputable druggists and general dealers, or will be mailed by us on receipt of the price, **25 cents.**

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PRACTICES WANTED AND FOR SALE advertised in this column for parties who are not agents for the practice, for THREE CENTS PER WORD. Twenty-five words will be inserted one time free for subscribers. For additional words or for subsequent insertions, three cents per word required. Advertisements of books, instruments, preparations, etc., or regular business advertisements inserted in this column for six cents per word; no free words. If answers are to be sent in care of our office, an extra fee of fifty cents for each insertion is charged. An advertisement intended for any particular issue must reach us not later than the 12th of the month preceding. Cash must accompany all orders. In estimating, the name and address must be counted, and every three figures, or fraction thereof, and every letter representing a word counts as a word.

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$1400 PRACTICE given to purchaser of my residence in village ten miles from railroad. No opposition. Cash discount. Address with stamp, DRS. EDMUNDSON, Lavaca, Ark.

A GOOD DRUG STORE in central Pennsylvania for sale cheap. Reason, want to practice only. Clean stock. J. ROBINSON, Princeton N. J.

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FOR SALE—Elegant country and village practice in Bedford Co., Pa., given to any who will purchase my office and stable fixtures. Address, W. S. M., care MEDICAL WORLD.

WANTED—To buy out or form partnership with some old doctor. Indiana Gas-belt preferred. Graduate from two colleges. A. W. TOBIAS, M.D., Graham, Ind.

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MAKE YOUR OWN COMPOUND Syrup of the Hypophosphites by using Prof. Jacob Ralph's Concentrated Hypophosphites.

Ralph's Concentrated Hypophosphites come in one-pint bottles and costs, net, $2.00. One pint added to one gallon of Simple Syrup makes nine pints of finished Compound Syrup of Hypophosphites, each fluid drachm of which will contain 1-64 gr. of Strychnia, together with Hypophosphites, Lime, Soda, Iron and Quinine. This Syrup, when finished, you will find equal to any make. It will not mould, sour or precipitate. Sold by the Drug trade everywhere, or sent direct (express paid), on receipt of price.

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ON EARTH.
RIDES AS EASY AS A BUGGY OR NO
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send a 2c. stamp with your address for 72 page illustrated Catalogue of 65 different styles of hand-made Pure Oak Leather Harness. Single sets, $7 up; Double sets, $16 up. Every harness warranted and shipped subject to approval. It costs only a 2c. stamp to know what we can do for you. Try it!
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With attachments for Powder Blowing and Nasal Douche; draws the tongue forward and illuminates the throat. Price, 50 cts. Sold by druggists, or sent by mail. Send stamps.
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"W. H. S. & Co."

The Safest of Mercurials; does not Irritate or Salivate.

For All Forms and Stages of Syphilis, and Useful in all Cases in which Mercurials are Indicated whether for trancient or prolonged employment. (*Pills of one-half and one grain each.*)

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A useful pill for every day practice in all seasons.

For Influenza (la grippe), **Acute Rheumatism, and all Rheumatoid Affections, Pertussis, and Inflammatory Conditions in which pain is a factor.** (*Also pills of Phenacetine and Salol*).

PERFECT PILL PREPARATIONS

Pil. Quiniæ, Ferri et Zinci Valerianat.

"W. H. S. & Co."

This Combination is Especially Valuable in Women's Cases.

For Nervous Tension, Melancholia, Epilepsy, Hysteria, Delirium Tremens, Dysmenorrhœa, and all Neuroses dependent upon the cares of life. (*Pills of three grains.*)

Pil. Cupri Arsenitis

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Arsenite of Copper Has Been Widely Endorsed by Physicians.

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Acts as a General Tonic, Nervine and Gentle Febricant.

For All Forms of Nervous Headache and Restlessness, in Migraine it acts promptly, while it also lessens the frequency of the attacks. (*Formula: Phenacetine, 3 grs.; Caff. Cit., 1½ grs.*)

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In Doses of 1 and 2 grains, Coca Often Gives Valuable Results.

For the Relief of Muscular Fatigue and as a tonic to the sensory nerves. Is Especially Valuable in Emergencies where the whole organism must be Aroused. (*Pills of 1 and 2 grains.*)

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Each fluid drachm represents 15 grains of the Combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium.

Uses: Epilepsy, Uterine Congestion, Headache, and all Congestive, Convulsive and Reflex Neuroses.

This preparation produces results which can not be obtained from the use of commercial Bromide substitutes.

DOSE.—One to two FLUID drachms, in WATER, three or more times a day.

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Uses: Biliousness, Jaundice, Dyspepsia, Constipation, and all Diseases Caused by Hepatic Torpor.

CHIONIA stimulates the Liver and restores it to a healthy condition, without debilitating the system by Catharsis; does not purge, per se, but under its use the Liver and Bowels gradually resume their normal functions.

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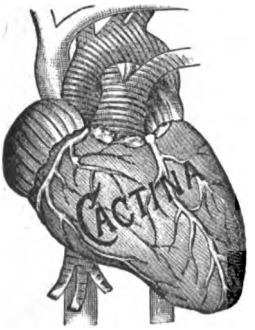
SAMPLES SENT TO ANY PHYSICIAN WHO WILL PAY EXPRESS CHARGES.

PEACOCK CHEMICAL CO., - ST. LOUIS.

CACTINA PILLETS.



Indicated in abnormal heart action, mental depression, and general debility.

Cactina is the best cardiac and general tonic in the materia medica, and, therefore, indispensable in the treatment of every form of weakness.

☞Each Pillet represents one one-hundredth of a grain of Cactina—the active proximate principle of Cactus Mexicana.

DOSE.—One Pillet every hour, or less often, as indicated.

PRICE, PER BOTTLE (100 PILLETS), 25 CENTS.

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ONE OUNCE CANS IN POWDER OR TABLETS.

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FOR SALE BY ALL DRUGGISTS. SENT BY MAIL ON RECEIPT OF PRICE, $1.00

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It is the ONLY liquid preparation of Cascara, of concentrated dose, applicable to cases of delicate women and children to whom the intense bitterness of the ordinary fluid extract is nauseating to a prohibitory degree.

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Manufacturing Pharmacists, Detroit, Mich.

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Compound Talcum Baby Powder

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"HYGIENIC DERMAL POWDER"

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INFANTS AND ADULTS.

Originally investigated and its therapeutic properties discovered in the year 1868, by Dr. Fehr, and introduced to the medical and the pharmaceutical professions in the year 1873.

COMPOSITION: Silicate of Magnesia with Carbolic and Salicylic Acids.

PROPERTIES: Antiseptic, Antizymotic, and Disinfectant.

—USEFUL AS A—

GENERAL SPRINKLING POWDER.

With positive Hygienic, Prophylactic, and Therapeutic properties.

Good in all affections of the skin. Sold by the drug trade generally.

Per Box, plain, 25c.; perfumed, 50c.
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Only Advertised in Medical and Pharmaceutical prints.

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COMMENDED BY AMERICAN PRACTITIONERS FOR NEARLY 50 YEARS.

The Best Saline for Use in Cases of Chronic Constipation, Controls the Vomiting and Constipation of Pregnancy.

AN ADMIRABLE VEHICLE FOR THE ADMINISTRATION OF TINCTURE OF IRON AND THE SALICYLATES. AN INVALUABLE ANTACID IN RHEUMATIC AND GOUTY DIATHESIS, AND AN AID TO THE DIGESTION OF MILK.

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MANUFACTURED BY

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Introduced into the United States in 1866.

An Unrivalled Nutritive Tonic in Cases of Debility and Convalescence. The Most Nourishing Food in all Fevers and Wasting Diseases. A Galactagogue.

When Prescribing

HOFF'S MALT EXTRACT, it is absolutely necessary to SPECIFY "TARRANTS," as this alone will secure the *original imported preparation* and prevent the substitution of another so-called Hoff's Malt, which is at present extensively advertised to the general public.

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Reduction in Price

... AND ...

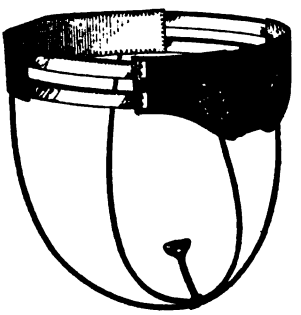
Removal FROM CHICAGO TO Philadelphia.

Larger manufacturing facilities enable us to reduce the price of the Dr. McIntosh Natural Uterine Supporter from $5.00 to $2.50, complete.

Belt only,	each,	$2.00
Cup or Ring only solid stem,	"	1.00
Cup with adjustable screw stem,	"	1.50
Tubing,	per set,	.25

We keep constantly in stock a supply of Cups and Rings of thirty (30) different sizes, shapes and dimensions to suit all cases.

THE DR. McINTOSH NATURAL UTERINE SUPPORTER



Has been used for the last twenty years and is the only one that has given perfect satisfaction.

Every indication of Uterine Displacement is met by this combination.

Instruments sent by mail at our risk, on receipt of price, or by Express C. O. D., return charges added.

Our valuable pamphlet on "Displacement of the Womb," giving a more complete description of the instrument, will be sent free on application. For further particulars, address,

Dr. McIntosh N. U. Supporter Co.,

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A Vitalizing Tonic to the Reproductive System.

SANMETTO

FOR

GENITO-URINARY DISEASES.

☞ **A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.**

SPECIALLY VALUABLE IN

Prostatic Troubles of Old Men—Pre-Senility,

Difficult Micturition—Urethral Inflammation,

Ovarian Pains—Irritable Bladder.

POSITIVE MERIT AS A REBUILDER.

DOSE: One teaspoonful four times a day.

OD CHEM. CO., NEW YORK.

See Page xxvi.

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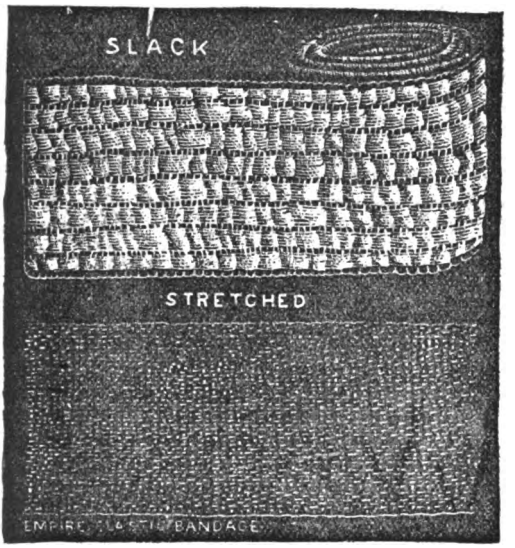

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SPECIALLY ADAPTED FOR

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We invite the attention of the Medical and Surgical profession to the various merits combined in our bandages.

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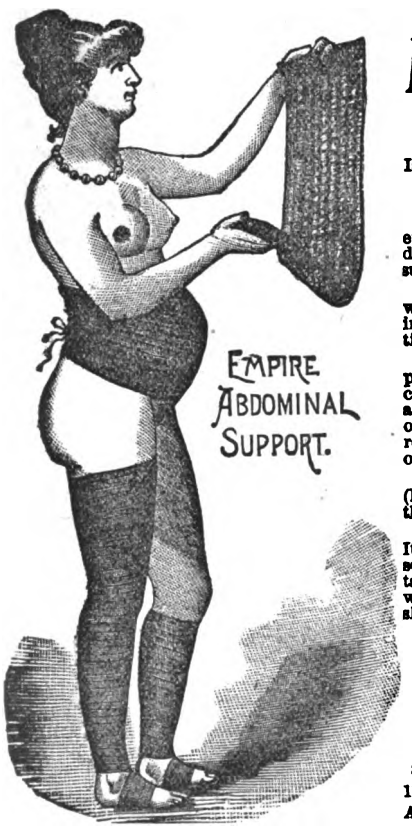

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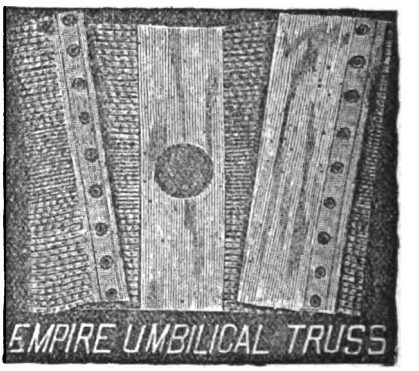

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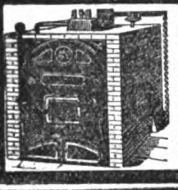

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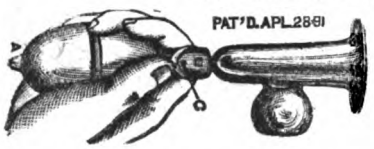

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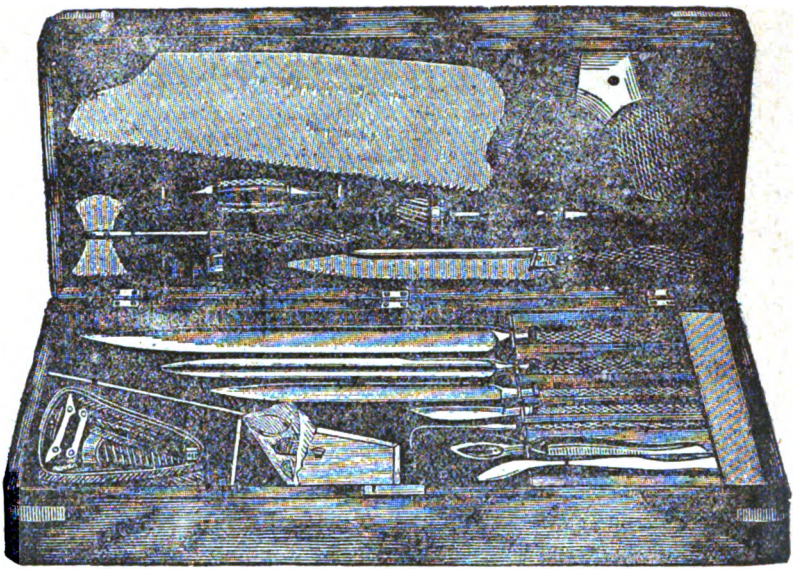

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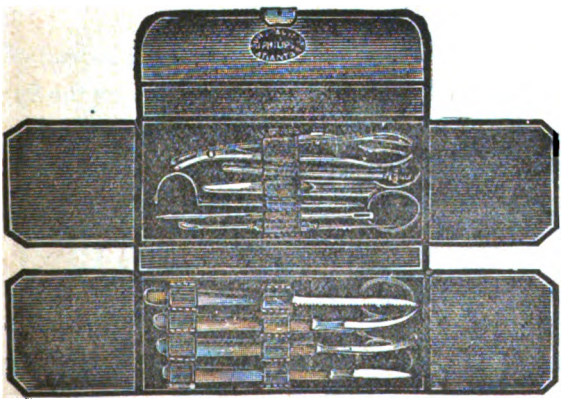

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A too Common Affront to the Profession.

About a year since the *Journal of the American Medical Association*, in an editorial article, referred in unqualified language to the strained relations which it asserted were existing between physician and druggist; the salient cause being the habit of counter prescribing, coupled with the more vicious habit of substituting. Since then, if we may judge from the tone of the bulk of new literature being sent out, the substitution habit is shown to be the one great enemy overtopping all others, to successful medical practice.

We do not mean to assert that all pharmacists are given to the habit. On the contrary we believe a large majority of them to be entirely free from and above suspicion. Still the fact remains that substitution is practiced to such an extent as to engender anxiety and timidity on the part of prescribing physicians.

Persistent effort at substitution is but a commendation of the genuine product sought to be imitated, and the practicing physician is quick to recognize the fact. And, once recognizing it, his confidence in the genuine is strengthened, while at the same time he is forced into the unpleasant attitude of maintaining a constant wariness over his prescriptions.

As fairly typifying this condition we give below an extract from a letter from Dr. Bostock, of Galena, written Oct. 24th, 1893, to the Antikamnia Chemical Co. This letter is, by the way, a fair prototype. He says:

"I became dissatisfied some time since with th 'ction, or rather non-action, of what I supposed to be Antikamnia. I began to look into the matter and discovered the druggist had been substituting in my prescriptions. I then had him get me tablets which I felt quite sure he, with any appliances he had, could not imitate; since which time I have been entirely satisfied with its action. I am satisfied that much *stuff* is sold and palmed off as Antikamnia, much to the detriment of your article, which has proven so very satisfactory to me. In many cases where quinine is indicated, I cannot prescribe it on account of its action on the brain, unless with Antikamnia, which seems to remove the objectionable feature."

The foregoing will surely justify all practitioners, where they may have cause to suspect they are being subjected to any such practices, in insisting upon the perfect integrity of *everything* they specify in their prescriptions. *The doctor has the highest and best right to insist that no worthless substitute be imposed upon his defenseless patient. He knows the specific effect of the genuine drug and knows equally well it cannot be successfully imitated.*—**Courier of Medicine, Nov., 1893.**

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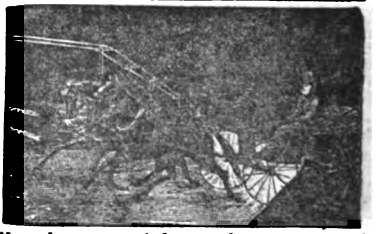

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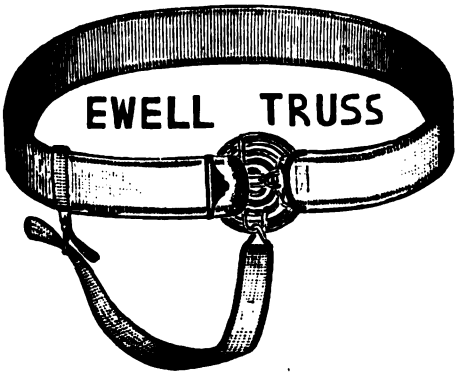

This truss is a successful succedaneum for both elastic and hard-rubber trusses; that is, much more simple, easy, adjustable and efficient. It is well made of the best materials, and is pronounced by both physicians and patients as the best general purpose truss ever used. We deal directly with physicians and give them the benefit.

Physicians' Prices:
Single, $1.00; Double, $1.75; Umbilical, $1.00
Childs' and Youths' at same prices.

All goods sent postpaid, and money refunded on return of goods within thirty days. The price must accompany the order.

Send measure on line of rupture, and whether light or heavy pressure is needed.

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ELIXIR SIX IODIDES

This Elixir is prepared from the chemically pure Salts. Results can be looked for from its administration that could not possibly be expected from the Commercial Salts.

FORMULA.

Each fluid drachm contains Arsenici Iodidum, 1-125 grain; Ferri Iodidum, 1-12 grain, Hydrargyri Iodidum, 1-125 grain; Manganesii Iodidum, 1-10 grain; Potassii Iodidum, one grain; Sodii Iodidum; one grain, with Aromatics.

MEDICAL PROPERTIES.

The greatest value of this combination is, it relieves those obscure and chronic obstructions to gland action—the Kidney Liver, Pancreas, as well as the lympathic system, which may exert so great an influence for evil on the economy. It enjoys the confidence of the medical profession, as its use is indicated in a wide range of diseases, particularly so in Pernicious Anemia, Skin Diseases both scaly and papular; has remarkable curative effects in Specific Diseases and other manifestations of Systemic Infection, Chronic Uterine and Pelvic Diseases, and in complaints were an alterative and tonic are indicated.

This combination proves that the united action of remedies are often requisite when either, alone, is insufficient. Physicians when prescribing, will please write: ELIXIR SIX IODIDES —WALKER GREEN'S—ONE BOTTLE.

The druggist will please write directions on his own label. Elixir Six Iodides is always sold in eight oz. oval bottles and never in bulk.

Wholesale Price $8.00 per doz. bottles.

We also prepare the Elixir six Bromides— Elixir six Hypophosphites EACH at $6 per dozen and the Elixir six Aperiens at $4 per dozen. The Elixirs are kept in stock by Wholesale Druggists throughout the United States. SEND FOR CIRCULAR.

The Walker-Green Pharmaceutical Co. **(*Inco.*)**

180 W. Regent St., Glasgow, Scotland, and Kansas City, U. S. A.

Samples of the four Elixirs will be sent on receipt of $1.00.

HENRY'S TRI-IODIDES

Is approved by eminent clinicians as a most reliable formula in gouty rheumatic and lithemic conditions.

THREE CHLORIDES R. & H

This formula suggests itself as an ideal alterative tonic. Is compatable with the soluble iodides. It will not derange the stomach, nor constipate. Send for literature.

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LOUISVILLE, KY.

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1200 FAVORITE PRESCRIPTIONS

The latest discoveries in medicine, by 391 of the most eminent European Specialists. Collected by

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Treatment of Cholera.

DR. CHAS. GATCHELL, of Chicago, in his "*Treatment of Cholera*," says: "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of HORSFORD'S ACID PHOSPHATE. This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The ACID PHOSPHATE, taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence, will not create that disturbance liable to follow the use of mineral acids."

Send for descriptive circular. Physicians who wish to test it will be furnished, upon application, with a sample, by mail, or a full size bottle without expense, except express charges. Prepared under the direction of Prof. E. N. Horsford, by the

RUMFORD CHEMICAL WORKS, Providence, R. I.

BEWARE OF SUBSTITUTES AND IMITATIONS.

TRY MALTED MILK

FOR THE BABY,

Whenever the supply of mother's milk is deficient, and while being weaned, and especially in cases of Cholera Infantum, Marasmus, or other troubles affecting the power to digest and assimilate nourishment. It is a combination, in powdered form, of pure, fresh, sterilized cow's milk and an extract of malted grain, the casein of the milk being partially predigested by Plant Pepsin obtained from the grain, which is malted by our special process.

By simply adding warm water, it makes a fluid closely resembling mother's milk and equally as nutritious, very palatable and easily digested, and free from starch or cane sugar. Liberal samples sent on application.

MALTED MILK CO. Racine, Wis.

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SOLUBLE PILLS.

WARNER & CO.'S PIL:

CASCARA CATHARTIC

(DR. HINKLE)

EACH CONTAINING CASCARIN. ALOIN. PODOPHYLLIN.
EXT. BELLADON. STRYCHNIN. GINGERINE.

DOSE.—1 TO 3 PILLS.

This pill affords a brisk and easy cathartic. efficient in action and usually not attended with unpleasant pains in the bowels.

It acts mildly upon the liver (Podophyllin), increases Peristalsis (Belladonna), while the carminative effect of the Gingerine aids in producing the desired result, thus securing the most efficient and pleasant cathartic in use.

PIL. CHALYBEATE,

(W. R. WARNER & CO.)

Proto-Carb. of Iron, 3 grains. Dose, 1 to 3 pills.
(WILLIAM R. WARNER & CO.'S FERRUGINOUS PILLS.)
Ferri Sulph. $FeSO_4$ } = Ferri Carb. $FeCO_3$
Potass. Carb. K_2CO_3 } = Potass. Sulph. K_2SO_4

FOR NERVOUS HEADACHE AND FATIGUE.

Warner & Co.'s Effervescing

BROMO SODA,

Useful in Nervous Headache, Sleeplessness, Excessive Study, Over Brainwork, Nervous Debility, Mania, etc., etc.

DOSE—A heaping teaspoonful in half a glass of water, to be repeated once after an interval of thirty minutes, if necessary. Each teaspoonful contains 30 grs. Bromide Sodium and 1 gr. Caffein.

It is claimed by some prominent specialists in nervous diseases that the Sodium Salt is more acceptable to the stomach than the Bromide Potassium. An almost certain relief is given by the administration of this Effervescing Salt. It is also used with advantage in INDIGESTION, DEPRESSION following alcholic and other excesses, as well as NERVOUS HEADACHE. It affords speedy relief for MENTAL and PHYSICAL EXHAUSTION.

PREPARED ONLY BY

WM. R. WARNER & CO.,

Manufacturers of Soluble Coated Pills,

Philadelphia and New York.

Registered, July 20, 1866.

FOR ANÆMIA. SCROFULA.

PIL. CHALYBEATE COMP.

(W. R. WARNER & CO.)

Formula:—Carb. Protoxide of Iron, gr. ijss. Ext. Nuc. Vom. Gr. 1-6

ADVANTAGES:—Does not constipate, is easily absorbed, is nerve tonic and quickly soluble.

RHEUMATISM. INDIGESTION.

PIL. ANTISEPTIC.

Each Pill contains Sulphite Soda, 1 gr.
Salicylic Acid, 1 gr.
Ext. Nuc. Vom., 1-4 gr. DOSE—1 to 3 pills.

Pil. Antiseptic is prescribed with great advantage in cases of Dyspepsia attended with acid stomach and enfeebled digestion, following excessive indulgence in eating or drinking. It is used with advantage in Rheumatism.

RHEUMATISM. INDIGESTION.

PIL. ANTISEPTIC COMP.

(W. R. WARNER & CO.)

Formula:—Sulphite Soda, gr. 1 Powd. Capsicum, gr. 1-10
Ext. Nuc. Vomica, gr. 1-8 Concent'd Pepsin, gr. 1
Salicylic Acid, gr. 1

Try this Pill. Used in all cases where there is no well-defined malady, yet patient is not well.

PIL. SUMBUL COMP.

(W. R. WARNER & CO.)

R—Ext. Sumbul, 1 gr. Ferri Sulph. Ext., 1 gr.
Assafœtida, 2 gr. Ac. Arsenious, 1-30 gr.

(DR. GOODELL.)

"I use this pill for nervous and hysterical women who need building up."

This pill is used with advantage in neurasthenic conditions, in conjunction with Warner & Co.'s Bromo-Soda, one or two pills taken three times a day.

PIL. LADY WEBSTER.

(W. R. WARNER & CO.)

R—Pulv. Aloes, 2 gr. Pulv. Rose loz, ½ gr.
" Mastic, 1 gr. M. ft. one pill.

LADY WEBSTER DINNER PILLS.

This is an excellent combination officially designated as Aloes and Mastich, U. S. P. We take very great pleasure in asking physicians to prescribe them most liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

GRANULAR EFFERVESCENT

BROMO LITHIA

(WARNER & CO.)

EACH DESSERTSPOONFUL CONTAINS

℞ *Salicylate Lithia, 10 grs. and Bromide Soda, 10 grs.*

A Remedy in the Treatment of

RHEUMATISM, GOUTY DIATHESIS, Etc.

Dr. A. Garrod, the well-known English authority on Gout, who was the first physician to introduce the Lithia Salts in the treatment of the gouty diathesis, states that their action is materially increased by being administered in a *freely diluted form.*

This effervescing salt of Lithia furnishes an easy and elegant way of applying Dr. Garrod's methods.

PREPARED ONLY BY

WILLIAM R. WARNER & CO.,

Manufacturers of Soluble Coated Pills,

Philadelphia and New York.

Registered in U. S. Patent Office, December 26th, 1890.

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dren she stopped, unobserved by them, to hear their mental processes.

It was "first class in singing," and their singing books were a package of patent medicine books thrown in at the doors. One of them forthwith piped out and sang about typhoid fevers.

"Symptoms," she carroled, "a pain in the ba-a-k and a sense of wea-ri-ness. All gone feeling at the pit of the stomach. Ta-a-ke frequent do-o-o-ses of Jones' liver rem-e-dy and you will be relieved of all da-a-n-ger of typhoid."

"Mary," said the school-teacher, "you may read about 'consumption,'" and Mary stood beneath the gently lifting branches of the trees and read a thrilling story of how Ezekiel Chandler, of Rochester, N. Y., was cured in six days by the golden discovery.

"Now Edith," to the little flaxen-haired cherub, "you may sing about cholera morbus and bowel trouble."

That settled it. The lady had to lean up against a tree to laugh, and it broke up the school for ten minutes.—*Lewiston Evening Journal.*

Continued on next leaf.

PLEASE SEND ORDER ON THIS BLANK.

.....189

THE MEDICAL WORLD, 1520 Chestnut Street, Philadelphia, Pa.

GENTLEMEN:—Enclosed find the sum of .....Dollars, for which please send me

THE MEDICAL WORLD one year	$1.00
Back numbers for 1891, 1892 and 1893 (with the exception of Dec. 1892) can be supplied.	
Binder for the Medical World	35
Or Three Binders for	1.00
Awl for punching WORLDS for Binder 5 cts. each, or FREE with three binders.	
Chart of Skin Diseases,	.50
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Dr. Waugh's "Outline of Treatment with Dosimetric Granules"	.50
The Medical World Visiting List (see below,)	1.50
Visiting List Sections, per dozen,	1.00
Ledger of Monthly Balances, as per notice below.	.25
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Name,.....

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Cross off what you do not want in above list.

NOTE.—We will be responsible for money sent by post-office order or in registered letter.

Send 8 cents extra for registration of each article (except WORLD) if you wish to insure safe delivery.

THE MEDICAL WORLD Visiting List consists of a handsome leather case and twelve removable sections. We now furnish our new sections for List; they are improved over our former ones in several details—such as larger space for credits, etc. But we still have no Ledgers of Monthly Balances except those dated 188.. instead of 189.. To close out these Ledgers (which are perfectly good except for the trifling difference in date) and to get you started with our system of book-keeping, we will give a Ledger *free* to all who order the Visiting List as above. If bought separately the Ledger will cost 25 cents. The regular price is 50 cents, but on account of the trifling difference in date we are selling them at half price.

Official Formulae of American Hospitals

Embracing Over **1000 Formulae** in use in the Leading Hospitals of this Country.

Regular Price, $1.00. Now for a short time **Reduced to 50 Cts.**

Send also for Dr. Waugh's "Outline of Treatment with Dosimetric Granules," Edition nearly exhausted. Price 50 Cents.

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FRELIGH'S TABLETS

(COUGH AND CONSTITUENT)

FOR THE

PREVENTION AND CURE OF PULMONARY PHTHISIS.

FORMULÆ:

COUGH TABLETS.	CONSTITUENT TABLETS.
EACH TABLET CONTAINS: Morph. Sulph. ($\frac{1}{60}$ gr.), Atropiæ Sulph. ($\frac{1}{600}$ gr.), Codeia ($\frac{1}{30}$ gr.), Antimony Tart. ($\frac{1}{15}$ gr.), Ipecac, Aconite, Pulsatilla, Dulcamara, Causticum, Graphite, Rhus-tox., and Lachesis, fractionally so arranged as to accomplish every indication in any form of cough.	EACH TABLET CONTAINS: Arsenicum ($\frac{1}{30}$ gr.), Precipitate Carb. of Iron, Phos. Lime, Carb. Lime, Silica, and the other ultimate constituents, according to physiological chemistry (normally), in the human organism, together with Caraccas Cocoa and Sugar.

PRICE, THREE DOLLARS PER DOUBLE BOX.

Containing Sufficient Tablets of each kind to last from One to Three Months, according to the Condition of the Patient.

A Connecticut Physician writes:—"I am now using your Tablets on a patient (young lady) who had three quite severe hemorrhages the week previous to the beginning of the same. She has taken one box only, has had no return of the hemorrhage, and has gained four (4) pounds since beginning treatment, besides all rational symptoms have improved wonderfully. I will add that I had tried Ol. Morrh., Syr. Hypophos. Co., etc., with no apparent benefit."

A Virginia Physician writes:—"Enclosed find Postal Note for another double box FRELIGH'S Tablets. I used the sample box in three cases, with decided benefit in one, slight improvement in second, and while they did not improve the third case, it being in very advanced stage, there was an amelioration of the distressing symptoms."

A Massachusetts Physician, in practice twenty-five years, writes:—"Send me two double boxes FRELIGH'S Tablets. I have tried the sample box with most excellent results."

A Michigan Physician writes:—"I am more than pleased with them. They have not disappointed me once. Dr. C., for whom I ordered a box, writes me that he is much improved, and speaks in praise of them. He has genuine Tuberculosis, and while I do not think he can recover, yet I firmly believe the Tablets will prolong his life."

SPECIAL OFFER:

While the above formulæ have been in use, in private practice, over thirty years, and we could give testimonials from well-known clergymen, lawyers and business men, we prefer to leave them to the unbiased judgment of the profession with the following offer: On receipt of fifty cents, and card, letter-head, bill-head or other proof that the applicant is a physician in active practice, we will send, delivered, charges prepaid, one of the regular (double) boxes (retail price Three Dollars), containing sufficient of each kind of Tablets to test them three months (in the majority of cases) in some one case. Card; letter-head or some proof that the applicant is a physician in active practice, *must* accompany each application. Pamphlet, with full particulars, price-lists, etc., on request.

LA GRIPPE.

Our Phosphorized Cerebro-Spinant, Freligh's Tonic, is being largely used, with most gratifying results, by the physicians of Boston, New York and Philadelphia, to overcome the debilitating after-effects of the Russian Influenza. Our Special Offer is still open, to send to any physician, on receipt of twenty-five cents, and his card or letter-head, half-a-dozen samples, delivered, charges prepaid. Each sample is sufficient to test it for a week in one case.

As we furnish no samples through the trade, wholesale or retail, for samples, directions, price-lists, etc. address,

L. O. WOODRUFF & CO., Manufacturers of Physician's Specialties,

88 Malden Lane, - New York City.

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INFANTILE NAIVETE. "What a pretty dimple that boy has!" said a lady while visiting a doctor's family as she patted the hopeful on the head. To which the infant replied: "You think that is a pretty dimple? Well, you dess ought to see the one on my 'tummick."

"LET us strive to show the world that our whole object is scientific work, and our high purpose good to humanity."—*From President McGuire's Address.*

An article appearing elsewhere in this number entitled "A Too Common Affront to the Profession" is of more than ordinary interest to practitioners, and we commend it to their attention.

IN assuming charge of the *Journal of Balneology* the new editor says, "With this number the subscriber assumes editorial charge." Now, "here's a go!" What a happy lot they must be, now that they have gotten what they have so long wanted. Troublesome subscribers to other Journals who seem to want to assume charge, (they all have them) should be politely referred to this one. We await with interest the outcome.

"Darling, how have you been to-day?"
"Oh, nervous, debilitated, sick and unhappy."
"Heavens! You've been reading those medicine advertisements again, I'll bet a hat."—*Judge.*

We will supply any of the following Special numbers of this year, at 10 cents each, or any three for 25 cents. Each one is considered worth the subscription price for an entire year. January, '93, Pneumonia; March, Diphtheria; May, Rheumatism; October, Food Number.

We Have Many Testimonials

From prominent and trustworthy Physicians attesting that patients suffering from Ulceration of the Stomach, Gastric Catarrh, Indigestion and other derangements of the Alimentary tract, have been sustained for many months and even years by the use of

RUDISCH'S BEEF PEPTONE
(SARCO PEPTONES),

as an exclusive article of diet. In these cases all other forms of Beef had been tried and rejected. The most delicate or "discriminating" stomach will always retain RUDISCH'S BEEF PEPTONE, and assimilate it. It is so palatable that patients anticipate with pleasure its administration.

Of equal value in hot or cold water, with children or adults.

Physicians are requested to write us for free **Samples**, pamphlets, testimonials, etc. Mention this journal.

The Rudisch Co., Sole Manufacturers,
317 Greenwich St., New York.

S. G. P. O.

OR UNG PETROSELINUM SATIVUM

Hemorrhoids Successfully Treated.

This ointment is rapidly assuming the lead of Pile Remedies. A sample box often cures several cases. Physicians who have ordered their trial order, have ordered again and again, and praise it for its truly marvelous qualities, which the following extracts show plainly.

MT. PELIA, TENN., Oct. 3, 1893.
FRED. W. STEWART, Oswego, N. Y.
Dear Sir:—You will find enclosed one dollar for which you will please send to my address four boxes of Gypsy Pile Ointment, and oblige. Dr. Chitwood recommended it as the surest and most speedy cure known to him. E. C. JACKSON.

BENTON, MO., June 17, 1893.
FRED. W. STEWART, Oswego, N. Y.
Received my last order about fifteen days ago all O. K. I have used up all the suppositories (one doz. box). I have been in the practice twenty years, but never found any eye ointment or any recipe equal to your Pile Ointment when used for eye ointment.
Please send me half pound box of the pile ointment by mail to M. A. CURTIS, M. D.

BUSHNELL, ILL., Nov. 9, 1893.
FRED. W. STEWART, Oswego, N. Y.
Dear Sir:—I find your Gypsy Pile Ointment all that is claimed for it. I have been using it in my practice for over four years, I cannot call to mind a single instance wherein it has disappointed one. You will find enclosed one dollar, please send me the amount in your Pile Ointment, and oblige,
R. A. PINKLEY, M. D.

CYNTHIANA, IND., Oct. 30, 1893.
MR. STEWART.
Dear Sir:—Find enclosed money order for seventy-five cents, for which please send me that much of your celebrated Pile Ointment. I have used three or four boxes of it, and it does as much, and more than you recommend. I have cured two or three cases of piles of long standing, which had been doctored for years with no success. Please send at once.
Respectfully, L. R. ALLEN, M. D.

EDINBURG, MISS, Jan. 9, 1893.
FRED. W. STEWART, Oswego, N. Y.
Dear Sir:—Enclosed find postal note for one dollar for which you will please send me the worth in your valuable Pile Ointment. I find it the best thing I have ever tried, and good for more things than Hemorrhoids. Send by mail at your very earliest convenience, and oblige,
Yours truly, W. T. HUTCHINS, M. D.

EAST JAFFREY, N. H., March 29, 1893.
FRED. W. STEWART, Oswego, N. Y.
Dear Sir:—Some half dozen years ago, more or less, I bought quite a lot of Stewart's Gypsy Pile Ointment of you; if you still prepare it, please send me four boxes. I have retired from practice, but occasionally want to use some. I regard it as the *best* Pile Ointment I have ever used, in a practice of more than forty years.
Yours truly, O. H. BRADLEY, M. D.

NOTICE.—I will send a sample box of the ointment free, to any physician writing for same and mentioning MEDICAL WORLD.
I have hundreds of letters from physicians, besides the above, speaking just as highly in its praise. Postage or express charges always prepaid by me. Physicians not wishing to send for it themselves should insist on their druggist sending for it. Tell them I prepay all charges.
There is no advertising on letter or package,

Address, **FRED. W. STEWART, Oswego, N. Y.**

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THE BEST ANTISEPTIC

FOR BOTH INTERNAL AND EXTERNAL USE.

ANTISEPTIC, PROPHYLACTIC, DEODORANT.

LISTERINE

NON-TOXIC, NON-IRRITANT, NON-ESCHAROTIC.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane; adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth, throat, and stomach. It is a perfect tooth and mouth wash, INDISPENSABLE FOR THE DENTAL TOILET.

Lambert's Lithiated Hydrangea.

FORMULA.—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice

DOSE.—One or two teaspoonfuls four times a day (preferably between meals.)

Close clinical observation has caused Lambert's Lithiated Hydrangea to be regarded by physicians generally as a very valuable Renal Alterative and Anti-Lithic Agent in the treatment of

URINARY CALCULUS, GOUT, RHEUMATISM, CYSTITIS, DIABETES, HÆMATURIA, BRIGHT'S DISEASE, ALBUMINURIA AND VESICAL IRRITATIONS GENERALLY.

We have much valuable literature upon GENERAL ANTISEPTIC TREATMENT, LITHEMIA, DIABETES, CYSTITIS, ETC., to forward to physicians upon request.

LAMBERT PHARMACAL COMPANY St. Louis, Mo.

SENT FREE TO PHYSICIANS

A Sample of **Micajah's Medicated Uterine Wafers** will be mailed free to any physician who is not already acquainted with their merits. See advertisement in another column. Address,

MICAJAH & CO., Warren, Pa.

Special Price to Physicians

REVOLUTION IN BATHING!

A Hot Bath for a Penny!

No expense for a bath-room. No expense for a plumber. Our Self-heating Folding Bath Tubs supply all the comforts of the modern bath in any room. Have the appearance of folding bed. Occupy only 2½ ft. sq. of floor. 18 styles to select from. Prices to suit. Catalogue and prices mailed.

AMERICAN TRADING CO., 1670 Dearborn St., Chicago.

Lillanmilch or Saponated Glycerine.

A combination of bland oils and 66 per cent. c. p. glycerine, yet neither sticky nor greasy. Easily medicated to suit the various skin diseases. Milder than soap. Physicians endorse it as very beneficial in cutaneous ailments and most excellent for the daily toilet. 50 cents a pound.

A Trial Pound Bottle, sent to physicians only, on receipt of 30 cents.

New Jersey Mfg. Co., Jersey City, N. J.

THE SPIRODOM.

(TRADE MARK.)

A perfect preventative of Mouth Breathing during sleep. Causes absolutely no discomfort to the wearer. Free by mail on receipt of price $2.00 by

THE SPIRODOM CO.,

Bridgeport Conn. San Diego, Cal.

GOLD CURES

For the liquor habit are plentiful, but I have the only tobacco antidote that quickly, safely and permanently cures

*** SLAVES TO THE WEED. ***

From one to three weeks treatment will cure the most obstinate case.

BARNSLEY, HOPKINS CO., KY., 9-9-93.

F. H. Amlar, Jackson, Mich., Sir:
Your tablets for tobacco cure received and test made, and am well pleased with them. I used them on a man who had been using tobacco for 23 years, and they cured him of the habit. I enclose 50 cents for which please send me 100 tablets by return mail and oblige, yours, etc. GEO. C. ASHLEY, M. D.

SEPTEMBER 23, 1893.

F. H. Amlar, Dear Sir:
Your remedy cured me of the tobacco habit in two weeks. I had chewed and smoked steadily for twenty years, but have no desire for it in any form now. My experience warrants me in recommending your cure as a certain and safe one.
C. D. PADDOCK, Jackson, Mich.

Doctor, embrace this opportunity to benefit yourself financially, and your patients physically.

F. H. AMLAR, Jackson, Mich.

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Will Fill Every Indication Claimed For It.

I must say that I believe Sanmetto will fill every indication claimed for it. I gave it to a man sixty years of age for an old urinary trouble, and he tells me that he was entirely relieved before he took quite all of the bottle.

WM. B. TERRY, M.D.

Peterstown, W. Va.

Irritable Bladder.

I used Sanmetto in a case of irritable bladder in an elderly woman which gave relief.

Yonkers, N. Y. DAVID JOHN, M.D.

Prostatic Enlargement with Chronic Cystitis of Mucous Lining of Bladder.

I used Sanmetto in a case of prostatic enlargement attended with chronic cystitis of the mucous lining of the bladder with excellent results. I believe Sanmetto to be a valuable addition to the list of remedies for the diseases of the bladder. I. C. DART, M.D.

Highland, N. Y.

Bladder Trouble.

I tried Sanmetto and found it all right. I had a case of a young lady who had been troubled with her bladder for two years. I gave her Sanmetto, and I can say she is a well and sound woman to-day. W. A. BOMERS, M.D.

Mobile, Ala.

Pre-Senility.

I made a test of Sanmetto, and find it enlarges the wasted testicles, and improves the sexual organs. It is a perfect medicine for genito-urinary diseases. I cheerfuly recommend it to the medical brethren as the best remedy in all its ways that I have ever used.

Yuma, Colo. F. W. WILMS, M.D.

Nocturnal Emissions.

I tried Sanmetto in a case of nocturnal emissions with complete relief.

J. C. KILGOUR, M. D.

New Richmond, O.

Gratifying Results.

I tried Sanmetto with gratifying results.

Felchville, Vt. F. C. MORGAN, M.D.

Prostatorrhea and Irritable Bladder with Difficult Micturition.

I tried Sanmetto on a patient who had prostatorrhea and irritable bladder with difficult micturition. The results were most gratifying. I will continue its use whenever opportunity offers. H. M. ADKINS, M.D.

Bowen, W. Va.

Prostatic Enlargement and Hypertrophy of the Urethral Mucous Membranes.

It affords me pleasure to state that Sanmetto acted admirably in an obstinate case of prostatic enlargement and thickening of the urethral mucous membranes. Very marked improvement followed the use of one bottle, and the patient was instructed to continue the medicine. I predict that Sanmetto has come to stay.

GRAFTON W. SEATON, M.D.

Cartersburg, Ind.

An Almost Specific in Renal and Vesical Irritation.

I have given Sanmetto a fair and unprejudiced trial, and it has yielded me most gratifying results. I consider Sanmetto an almost specific in renal and vesical irritation. I shall continue to prescribe it.

W. D. GORSUCH, M.D.

Churchville, Md.

Chronic Gonorrhea.

I used Sanmetto in a long standing case of gonorrhea with excellent result. The patient coming to me after having given several other old-time remedies fruitless trial.

W. F. GATCHELL, M.D.

Washington, D. C.

Prostatic Enlargement with Frequent and Painful Urination.

I am an aged retired practitioner, eighty-one years old. Have suffered much of late years wsth prostatic enlargement, frequent and painful urination. Sanmetto, in about half the prescribed doses, has benefited me greatly. My son is prescribing Sanmetto daily in urinary troubles, and tells me it gives relief; that the patient's answer, after taking it, "I am better." MATTAIAS D. HAWES, M.D.

North Hector, N. Y.

See Page IX.

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THE

MORPHINE HABIT,

CURED BY THE USE OF

KEITH'S

CON. TINC. AVENA SATIVA.

(FROM COMMON OATS.)

A Powerful Nerve Stimulant, Tonic, etc.

IS ALSO EMPLOYED IN THE TREATMENT OF

Paralysis, Epilepsy, St. Vitus' Dance, Chloral and Tobacco Habits, Sleeplessness, Nerve Exhaustion, Neuralgia, Alcoholism, Painful and Deficient Menstruation, Headache, Hysteria, Convulsions, and Prostration from Fainting, and the Convalescent Stage of Acute Diseases.

DOSE—From ten to thirty drops or more, as often as may be indicated to meet the urgency of the case. Administer in hot water when quick action is desired.

Messrs. B. Keith & Co., Barnesville, Ga.

Gentlemen:

The con. tinc. avena sativa has been more successful in the treatment of the opium habit than anything I have ever tried, and I have tried various other remedies, among them the advertised nostrums.

J. C. HALLOWAY, M. D.

Messrs. B. Keith & Co., Adamsville, O.

Gentlemen:

G. M., aged 33 years, Merchant, had circumscribed peritonitis and thickening for some time. On account of pain and tenderness, his physician prescribed morphine in small doses, but he used it afterwards, of his own accord, until the habit was established. He tried hard to break off, but he would always be taken with great prostration and irritation of the stomach, vomit everything he took and would get down, and finally in about thirty-six hours would take morphine again, and in a short time feel all right. While under its influence he commenced to take whisky and beer to keep from the morphine. He also tried different doctors, but all the same. When I was consulted he would take stimulants and then increase the morphine to keep off *big head* (as he called it), taking one drachm of morphine every two days. He was miserable, and when trying to quit it said if the suffering and agony of *hell* was as *bad* he wanted to steer clear of the place. I tried valerian, and nearly all nerve tonics and nerve stimulants, and to diminish the dose of morphine, but all did no good. I then told him of the *avena sativa* about which I had read, and he said if he could quit without so much suffering he would, if not, he could not bear the agony, and would take it and die as soon as possible. I obtained the avena and prescribed it in fifteen drop doses whenever he felt the need of morphine which was four times a day; and for two nights I gave him about a one-fourth grain of morphia, when he said he could do without it he did not suffer any more. Thus he left off taking morphine, and has never taken another dose of it. The first night without morphine he slept reasonably well, and each succeeding night better, until five nights, when he slept well; then I gave him only three doses of the avena for three days, then two doses for three days then only one dose in the evening for one week. All this time he rested very well, said his suffering was nothing to what he had expected, and that any one could go through it with half grit. [His own language.] Since then he has taken neither avena nor morphine, and is now well and has no desire for any stimulant, and says that "he would not have the habit for the world." He has gained thirty pounds, namely, he has now his original weight. He never was an intemperate man until the morphine was prescribed for him by a physician, through which he was ruined, losing nearly all his property and a great deal of self-respect. He had never been without morphine for more than thirty-six to forty hours since he had contracted the habit, namely, during three years.

A. L. JACKSON, M. D.

☞Send for printed matter on CON. TINC. AVENA SATIVA in the Morphia or Opium Habit, and certificates from different members of the Medical Profession citing cases under their charge treated by it; also REVISED AND ENLARGED MANUAL, to

B. KEITH & CO, Organic Chemists,

Established 1852. **No. 75 William St., New York.**

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Pure Norwegian Cod Liver Oil

IS

Hagee's Cordial of Cod Liver Oil is

NOT

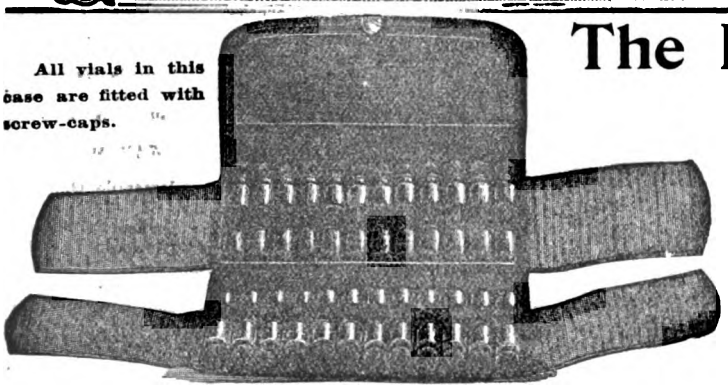
disagreeable in taste and smell

"Hagee's Cordial" (Cord. Ol. Morrhuæ Comp.) **is not only not** disagreeable, but **is** really pleasant in taste and delightful in odor. In addition to the tissue building properties of cod liver oil, it contains the nerve-feeding hypophosphites of lime and soda. Is not this **the** preparation desired by the profession for their phthisical patients who (and whose stomachs) object to the odor and taste of cod liver oil? Is it not just the thing to prescribe for such patients as want to grow fat and want pleasant medicines? It's a great appetizer, too, and causes rapid accumulation of flesh, and is **not** an emulsion or saponified oil.

Each fluid ounce represents 33% pure Norwegian Cod Liver Oil, with 6 grains Hypophosphites of Lime and 3 grains Hypophosphite of Soda.

In 16 oz. bottles only. Price $1.00, express prepaid.

Katharmon Chemical Co.,
ST. LOUIS, MO.



All vials in this case are fitted with screw-caps.

The Interesting Offer

of a handsome double morocco pocket medicine-case —7⅛ x 3¾ x ⅞ inches— containing 24 vials filled with a complete assortment of our popular Tablets and Triturates, at the special price of $3.00, has been

The case contains:

Acetanalide Comp. (Migraine).
Anti-Constipation (Mulford Co.).
Chlorodyne (Mulford Co.).
Viburnum Comp. (valuable uterine tonic).
Ammonii Chloridum Comp.
Bismuth et Cereii Oxalat.
Bronchitis.
Cathartic, "Active."
Diarrhœa.
Ergotine (Bonjean's), 1 grain.
Ferri et Acid. Arsen. et Strych., No. 1.
Fever (Dr T. G. Davis).
Hydrarg Chlor. Mite et Ipecac et Sodii Bicarb., No. 1.
Hydrarg. Iod. Viride, 1-4 grain.
Morphinæ Sulphas, 1-6 grain.
Neuralgic (Dr. H. J. Kenyon).
Nitro-Glycerin Comp. (Mulford Co.).
Pulv. Ipecac et Opii (U. S. P.), representing 2½ grains.
Tinct. Aconiti, 1 minim.
Tonsillitis (Mulford Co.).
Corros. Sublim., 1 grain (colored blue, antiseptic).
Quininæ Sulphat., 1 grain.
Hydrarg Chlor Mite, 1-10 grain.
Kermes Mineral Comp. (Dr. E. Wilson).

Accepted by over 15,000 Physicians

These cases are a permanent advertisement for us, as they are constantly being refilled with our standard preparations, which physicians use because they are so reliable, valuable, convenient and elegant—all compressed. We continue this attractive $3.00 offer for a limited period. Send check, money-order or postal note. We deliver it free of postage.

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"Common Sense" Medicine Case

ESPECIALLY ADAPTED TO COUNTRY PRACTICE AND ROUGH USAGE.

Only Extra Heavy Oil Filled Sole Leather and Metal

USED IN ITS CONSTRUCTION.

No Wood, Thin Leather, Hinges, Paste-Card or Strawboard, Cloth, Paper or Machine Stitching.

UNAFFECTED BY RAIN, SNOW OR MUD.

ANY HARNESS MAKER CAN REPAIR IF EVER NECESSARY.

Has a strong leather handle, with a metal band on the inside, which is bent around the rings, forming a loop. Heavy nickel lock with key, besides two extra heavy hinge hasps at the ends. Five solid metal feet are securely riveted to the bottom. The sides, bottom and top are one piece; edges hand-stitched. The inside has three partitions divided by solid leather pieces securely riveted. The centre partition is for sundries, and its dimensions are 10½x6x2 inches; the other two partitions contain two removable aseptic metal bottle holders containing our **Western Comstock Patent Springs**, which are silver plated and lacquered to prevent corrosion.

No. 1, contains 6-3-oz., 24-1-oz. and 24-3-dram vials, Size 11x6x6. Price, pre-paid, ... $8.00.

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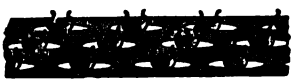
Other Sizes and Combinations of Bottles to Order at Special Prices

SEND FOR FULL CATALOGUE.



Comstock Silverplated Metal Springs for holding bottles, Patented Sept. 2, 1890. Cut from continuous piece of spring brass, silvered and lacquered.

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A POSITIVE GUARANTEE WITH

WEINHAGEN'S MAGNIFYING NORMAL INDEX FEVER THERMOMETERS.

We guarantee extreme sensitiveness, ABSOLUTE RELIABILITY, self-registering indestructible index largely magnified mercurial column, and that age will not change their readings.

DON'T TAKE ONE THAT IS JUST AS GOOD.

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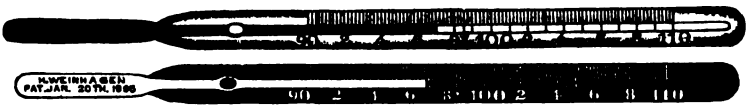
TRY OURS.



We Have Manufactured Self-Registering Fever . . . Thermometers Since 1872.

Our Patent No. 301 B Clinical Thermometer has a JET BLACK BACK.

And is the only one adapted for use in a darkened room where the mercury column appears white and very distinct.

Our Thermometers have H. WEINHAGEN and Trade Mark engraved on them.

Nonpareil No. 1 3-Current Faradic Battery

FOR MEDICAL USE.

Size, 5½x5¼x5¼ Inches.

Price, $4.00 Each

This battery will be appreciated, as possessing neatness, simplicity and superiority of material and workmanship, a pleasant and uniform electric current, both mild and powerful. These qualities have hitherto only been found in expensive and unnecessarily complicated machines.

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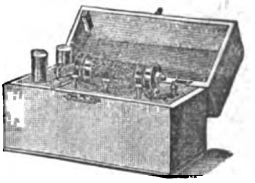
Size 8x5x4 Inches.

Cherry or Oak Boxes.

This battery is dry, portable, durable, simple, handsome and cheaper than any other dry battery.

Price, $6,00 Each.



H. WEINHAGEN,

Send for New Catalogue. Established 1855.

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THE "LADIFS' PERFECT" SYRINGE.

The Only Perfect Vaginal and Rectal Syringe in the World.

Is the only syringe ever invented by which vaginal injections can be administered WITHOUT LEAKING AND SOILING THE CLOTHING OR NECESSITATING THE USE OF A VESSEL, and which can also be used for Rectal Injections or Irrigation.

It will thoroughly cleanse the neck of the Womb and entire Vagina, by completely distending the vaginal folds, and drawing all discharges out with the fluid into the bulb.

It acts by injection and suction force which is greatly assisted by the handle, so that all the fluid can be injected and withdrawn, and repeated as often as desired until the vagina is perfectly clean, without withdrawing the nozzle or spilling the fluid.

The fluid can be easily and comfortably held in the vagina any desired length of time in order to obtain the full benefit of its cleansing, healing and antiseptic action.

No preparation is necessary. Injections can be administered in any position, without using a vessel, or removing or soiling the clothing.

This Syringe is also a Perfect Rectal Syringe, and for physician's use is unsurpassed as a Rectal Irrigator in treating dysentery, etc., or for administering medicines, stimulants or nourishment where Rectal Medication or Alimentation is necessary.

PRICE TO PHYSICIANS, $2.25. RETAIL PRICE, $3.00.
Soft Rubber Bulb and Hard Rubber Shell.

SOLE AGENTS:

THE ALOE & PENFOLD CO., Omaha, Neb.

RHINOLIN

(PULVIS LISTERI)

Antiseptic, Analgesic and Tonic

To the Mucous Membranes of the Air Passages.

Valuable in Coryza, Rhinitis, Catarrhal Inflammation (Nasal Discharge) Asthma, Epistaxis, Diphtheria, Tonsilitis, Hay Fever.

In metal screw top cans $1.00 each

USE WITH POWDER BLOWER

Empty Powder Blowers.
Single one....$0.50
Dozen lots.... 4.50

PREPARED BY

RHINOLIN CHEMICAL CO., Omaha.

GENERAL AGENTS,

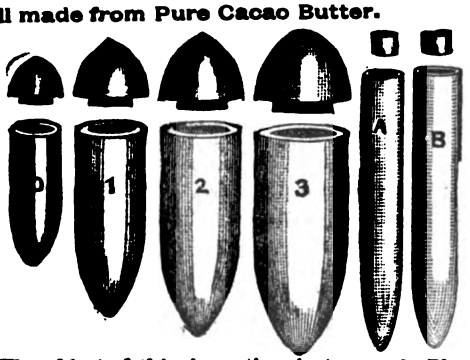
THE ALOE & PENFOLD CO.

OMAHA, NEB.

HOLLOW SUPPOSITORIES,

With Conoidal Self-sealing Stoppers.

All made from Pure Cacao Butter.



The object of this invention is to supply Physicians, Druggists, Veteriuary Surgeons and others with HOLLOW SUPPOSITORIES of various sizes and shapes, to meet every probable demand, and into which they can put any kind of MEDICINE or NUTRIMENT, thus producing firm, smooth, EVENLY MEDICATED Suppositories, that are cheaper and more reliable than those made by the old method.

Nos. 0,—1,—2,—3 are provided with conoidal stoppers. The stoppered ends are to be inserted, when the contraction of the sphincter ani will force the suppositories up into the rectum without the use of a suppository syringe or any other appliance whatever.

A sample dozen will be sent free on application, and mention of MED. WORLD.

A NEW GLYCERINE ...SUPPOSITORY

FOR CONSTIPATION.

A shell of pure **Cocoa Butter** filled with pure **Glycerine.**

An Elegant Prescription.

Write for a Free Sample, and convince yourself of its superiority.

PATENT APPLIED FOR.

Boxes of Twelve . 50 Cts.

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FOR FEMALE DISEASES.

MICAJAH'S MEDICATED UTERINE WAFERS

A REMEDY FOR THE LOCAL TREATMENT OF DISEASES PECULIAR TO WOMEN, AS

Chronic Inflammation and Engorgement of the Womb, Ulceration, Leucorrhœa, Irregular, Suppressed, and Painful Menstruation, Prolapsus, and the Irregularities Incidental to Change of Life.

Applied in the manner directed :—The remedy is quickly absorbed and acts by stimulating the Hypogastric Plexus of nerves, and by this means restores and maintains the healthy functions of the organs to which this plexus of nerves is distributed.

14 YEARS EXPERIENCE.

STONEWALL, TENN.,
Nov. 10, 1892.

I have been practicing fourteen years; have had considerable practice in gynecology, and have never found anything to equal Micajah's Wafers. For what they are recommended the wafers are indeed a God-send to suffering women.

JAMES A. DURHAM, M.D.

40 YEARS.

KOKOMO, IND.
Jan. 10, 1893.

I have given your Uterine Wafers a trial. Their effects were truly surprising. In forty years practice I have never seen anything equal to them. They do all you claim for them and do it in such a way that leaves no doubt in the patient's mind that they are all that you represent.

L. KERN, M.D.

25 YEARS.

HILLTOP, ARK.
June 24, 1893.

Your Wafers are far ahead of any treatment for leucorrhœa, ulcers, engorgement and painful menstruation.

I have been practicing twenty-five years, and I have not found their equal for female diseases. DR. M. M. BRUGE.

LEUCORRHŒA.

SHONGO, N. Y.
Aug. 3, 1891.

I gave your Wafers a trial in three cases of leucorrhœa, placing three or four in the hands of each patient with necessary directions, and with the most happy results. They act just as you claimed they would, and are the best thing in the treatment of leucorrhœa I have yet found, and I would cheerfully recommend them to the medical profession. A. A. ELLIOTT, M.D.

The price of a box, sufficient for 3 months' treatment is $1.00.

To physicians not acquainted with the merits of the Wafers, a sample will be mailed free on application, mentioning this journal.

Address **MICAJAH & CO., Warren, Pa.**

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DR. DE CHRISTMAS'

PHENOSALYL.

The New Antiseptic Compound.

—MANUFACTURED BY—

The Farbwerke vorm. Meister Lucius & Bruning,

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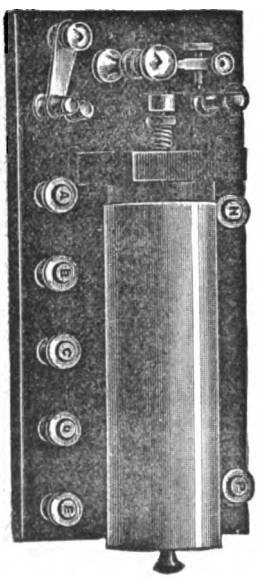

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ELECTRICAL APPARATUS.

Will Mail Our New Pamphlet to those writing.

Our coils contain a length of wire many times greater than any other now on the market, except of special make.

The Leading Practitioners Recommend Long Coils for Sedative Effects. Of what Value then are Short Coils? Established over a third of a century. All goods of our manufacture guaranteed perfect in every respect. Please mention this journal.

Liberal discount to the profession.

JEROME KIDDER M'F'G CO.,

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Detroit Metric Granule Company,

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Containing Alkaloids, Glucosides, Resinoids, Metaloids, Concentrations, and other active medicines. The *active principles* are superior to the crude drugs and far more effective and reliable.—The dosage is absolutely accurate—strength of drugs can always be depended upon—no stale mixtures to disappoint the physician and endanger his success.

The cheapness of our granules makes them popular with both physicians and patients. They occupy but little space and can be carried without inconvenience, and are always handy. No physician who has once adopted the use of the Alkaloids ever returns to the administration of crude drugs.

As an introductory offer we will send one of our twelve vial vest pocket cases, filled with granules for $1.00.

Twenty-four vial case filled with granules for $3.00.

Seidlitz Salt containing 50 per cent. of magnesia sulphate $1.00 per lb.

All goods guaranteed satisfactory, or money refunded. Send for price list and literature.

Address,

DETROIT METRIC GRANULE COMPANY,

15-17 Rowland Street,

Adjacent to Hotel Cadillac. ***DETROIT MICH.***

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The Chemical Treatment for Consumption,

Asthma, Chronic Bronchitis, Tubercular Laryngitis and Catarrh

Instituted by W. R. Amick, A. M., M. D., of Cincinnati,

is supplied, to Physicians Only, by the exclusive Compounders,

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as the only Successful Treatment for Pulmonary Diseases.

Test Packages of the Amick Medicines Sent Free

of cost to Physicians Everywhere for each new Patient.

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I have used Antikamnia alone, and in combinations for two years, and am pleased with the good results received in every case.

Yours truly

J. B. Probasco M. D

SEND YOUR ADDRESS TO THE ANTIKAMNIA CHEMICAL CO., ST. LOUIS, MO., FOR LIKE SAMPLE; AND TO SECURE LIKE RESULTS, SEE THAT GENUINE ANTIKAMNIA IS DISPENSED ON YOUR PRESCRIPTIONS TABLET SAMPLES MAILED IN "VEST POCKET BOX."

$200.00

A month can be made by energetic salesmen who devote their attention to selling our safes.

Our new 80 page, finely illustrated catalogue will be mailed **FREE** to any address on application. Don't fail to write us at once and get into the field early. We make a complete line of all sizes from $15.00 to $300 00. All work strictly first-class.

Doctors especially are well situated to sell our safes as they can usually display them to a good advantage. If you have no safe of your own, write us at once for special proposition.

The Victor has now stood the test in over three hundred severe fires and has always preserved its contents.

THE VICTOR SAFE AND LOCK CO.,

CINCINNATI, OHIO.

COFFEYVILLE, KAN., April 30, 1892.

The Victor Safe and Lock Co., Cin. O.

GENTLEMEN:—My office and fixtures, with all my surgical instruments, burned yesterday morning. It was a dreadfully hot fire, caused by the burning of five two-story and basement buildings, and the basement of this particular building was filled with liquors, which as I say, made a hot fire. But my No. 4 safe which I purchased from you, fell from the second story into the basement, and with all that heat, my books, papers, notes, etc., came out all right, contrary to the opinion expressed by many of my friends, that the safe would surely be red hot clear through. But I told them that I had faith in the Victor. I am certainly well pleased with the result, and this test will be the means of your selling a great many safes in our vicinity. We certainly cannot recommend your company too highly. I shall need another safe, and wish you would send your new catalogue at once. Yours truly,

W. C. HALL, M.D.

Mention the Medical World.

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ABRAHAM LINCOLN said:—

"You can fool some people all the time, you can fool all the people some times, you can't fool all the people all the time.

All the people cannot detect alum in baking powder, starch in infant foods, salicylic acid in beer, oleomargarine in butter, or 30 to 40 per cent. of resin, sugar (not to speak of bad fats used), etc., in soaps. Soapmakers know this, and the one who talks longest and strongest hopes to fool the most people all the time.

Now there is no going beyond chemical tests. "VINOLIA" SOAP is probably the only one you ever used of which the analysis is published. It is pure, cleansing, and agreeable, but it will not restore the bloom of youth to the skin at four o'clock in life's afternoon. It is safe and efficient—that is all. What more do you want?

"VINOLIA" SOAP—(for Delicate, Sensitive Skins)—Premier, 15 cts.; Floral, 20 cts.; Balsamic (Medical), 25 cts.; Toilet (Otto), 35 cts., and Vestal, 85 cts. per tablet.

"VINOLIA" CREAM—(for Itching, Face Spots, etc.), 50 cts., $1.00, and $1.75 per box.

"VINOLIA" POWDER—(for Redness, Roughness, etc.), 50 cts., $1.00, and $1.75 per box.

Samples and Pamphlets, with Medical and Analytical Reports, Sent on Application.

BLONDEAU ET CIE.,

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SENNINE

THE NEW AMERICAN ANTISEPTIC

For Internal and External use in Medicine and Surgery.

Composition—A Chemically Pure Product of Boracic Acid and Phenol.

Physical Properties—A Very Fine White Powder, Odorless, Slightly Astringent, and of Sweetish Taste.

Medical Properties—Antiseptic, Antizimotic, Bactericide, Deodorant, Disinfectant.

COMPARATIVELY INEXPENSIVE—Five parts of SENNINE dissolved in 100 parts of water, (2 ounces make 4 pints) is sufficiently strong for an antiseptic wash.

FREE FROM TOXIC AND IRRITATING EFFECTS, Therefore preferable to Carbolic Acid, Bichloride of Mercury, Iodoform, Etc.

Put up in 2 oz. Tin Boxes with Inner Perforated cover for convenience of applying. Price ONE DOLLAR.

Samples and literature mailed FREE to Physicians on application. **DIOS CHEMICAL CO., St. Louis, Mo., U. S. A.**

ELASTIC ≈ TRUSSES

Worn Day and Night with Comfort. No Displacement.

FIG. 14

PRICES TO PHYSICIANS.

	Single Trusses			Double Trus's		
	Adults Sizes 28 to 42	Youths 22 to 28	Childs 12 to 21	Adul's 28to42	Y'ths 22to28	Childs 12to21
A. Plain, each,	$1.50	$1.25	$1.00	$2.50	$2.00	$1.50
B. Fine, "	2.00	1.75	1.50	3.00	2.50	2.00
C. Silk, "	2.50	. .	. .	4.00	. .	. .

FIG. 15.

DIRECTIONS FOR ORDERING.—Give circumference of abdomen on line of rupture. State if for single or double, right or left.

Goods sent by Mail upon receipt of price, or Express C. O. D., charge for returning added.

G. W. FLAVELL & BRO., No. 1005 Spring Garden Street, Philadelphia, Pa.

SYRUPUS ROBORANS.

Syr. Hypophos. Comp. with Quin. Mangan. and Strych. 1-128 gr Strychnine to teaspoonful.

Syrupus Roborans as a Tonic during Convalescence has no equal.

As a nerve stimulant and restorative in wasting and debilitating diseases, as a constructive agent in Insomnia, Pneumonia, Tuberculosis, Bronchial Asthma, Marasmus, Strumous Diseases and General Debility, this compound has no superior.

SYRUPUS ROBORANS is in perfect solution and will keep in any climate.

Dr. T. H. STUCKY writes:—In a case of Tertiary Syphilis, very anæmic, the Iodides were revolting to the stomach, being vomited when taken. Syrupus Roborans, given three weeks with improvement, when the Iodide Potassium was retained with good results.

Dr. W. O. ROBERTS says:—In cases convalescing from "La Grippe" Syrupus Roborans has no equal.

PETER'S PEPTIC ESSENCE

A Powerful Digestive Fluid in Palatable Form.

Please note that Essence and Elixir Pepsin contain only Pepsin while in Peter's Peptic Essence we have all the digestive Ferments.

These are preserved in solution with C. P. Glycerine in a manner retaining their full therapeutic value, which is exerted in and beyond the stomach.

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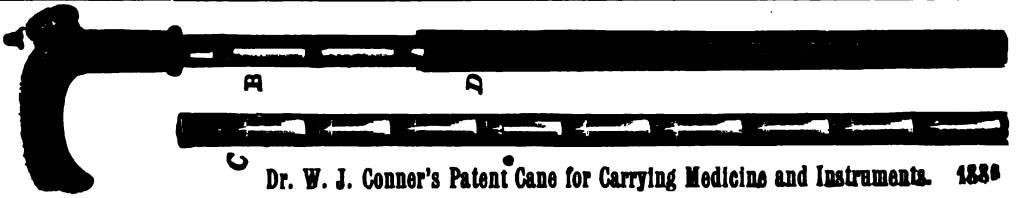

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H. D. La Plant, M. D., Sayre, Pa., says: Aletris Cordial has made splendid cures in my hands, have prescribed it many times, and with few exceptions always get better results than expected. One case in particular that well repaid me, was that of a young lady, Miss H., aged 20 years. Was one of the greatest sufferers at the time of menstrual period, especially just before the flow started, words could not begin to express it. Morphia and even chloroform were her only relief until Aletris Cordial was used, and from the first, improvement began, and now is only aware of them when her garments are soiled. Miss V., 24 years, suffered from first, always confined to bed three or four days with pain, passed only clots which were black and bad smelling. Heard of above case and came to me, tried Aletris Cordial and now says she will never be without it. I might easily relate many similar cases but they would only be repetition of what has already been said, which ought to satisfy any and all of its merits. But this I might add, I do not take all for granted that comes along, and it was only after all usual remedies had failed, that I gave Aletris Cordial what I believe a fair trial. Fifty or more cases have been benefited with it in my hands.

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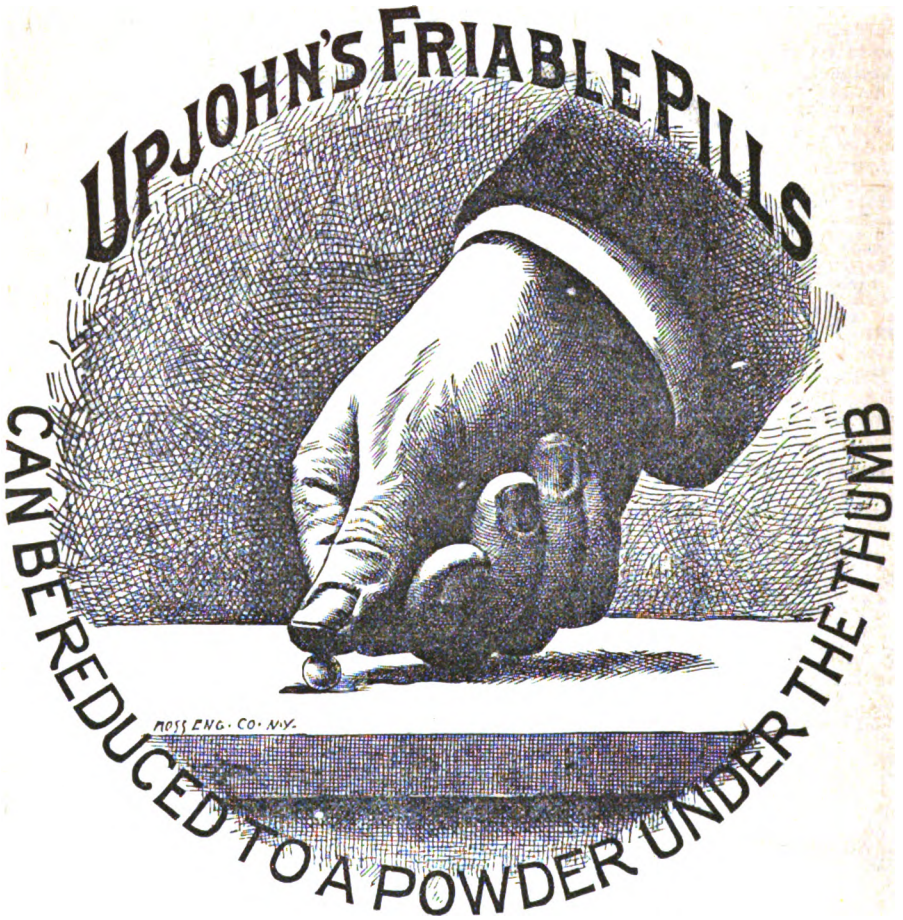

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Produces rapid increase in Flesh & Strength.

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Pure Cod Liver Oil	80 m. (drops)
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Soda	½ "
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FOR PHYSICIANS' USE ONLY.

Contains the Anodyne and Soporific Alkaloids, Codeia, Narceia and Morphia.

Excludes the Poisonous and Convulsive Alkaloids, Thebaine, Narcotine and Papaverine.

SVAPNIA has been in steadily increasing use for over twenty years, and whenever used has given great satisfaction.

To PHYSICIANS OF REPUTE, not already acquainted with its merits, samples will be mailed on application.

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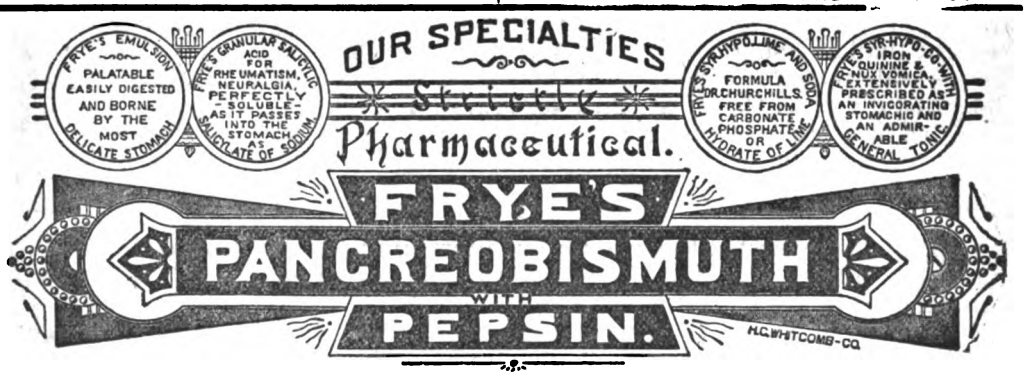
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A Valuable Remedy for Dyspepsia.

CONTAINING THE DIGESTIVE PRINCIPLES

PANCREATIN AND PEPSIN,

COMBINED WITH THE CORRECTIVES

Bismuth and Bi-Carbonate of Soda, and the Carminative Stimulant Ginger.

This preparation is a valuable remedy in the different forms of Dyspepsia. The Pepsin which is used in this preparation is of the highest digestive power; its combination with Pancreatin increases its value as a synergist in meeting the varied requirements of a digestant in disordered states of the digestive functions.

THE GREAT FAVOR IT HAS GAINED IN THE PROFESSION ONLY GIVES EVIDENCE OF SATISFACTORY RESULTS OBTAINED FROM ITS USE.

In fermentative Dyspepsia and Diarrhea it will be found an invaluable remedy.

DOSE:—20 grains or ½ teaspoonful, mixed with a little water, before or after meals, as directed by the physician. In cases of greatly impaired digestion the dose may be increased to 1 teaspoonful. We will send a sample to any address upon application.

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A WORD
ON
MALT EXTRACTS

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Our Malt Preparations are Medicinal Products to be dispensed by the Pharmacist as the Physician shall prescribe.

A malt extract, properly speaking, is both a nutritive and a digestive—nutritive because of the presence in it of a large percentage of digested starch; and digestive by virtue of the diastase it contains. It should be remembered that in the administration of pre-digested foods the stomach is entirely relieved of the labor ordinarily incident to digestion, and the assimilation of the full quantity of nourishment introduced into the alimentary canal is thus assured. Malt Extracts, as regards their digestive power, are valuable or not, according to the care exercised in their manufacture and the amount of diastase which they contain. This, fortunately, is a matter capable of easy determination by estimating the action of a given quantity of any sample upon starch, under conditions similar to those which prevail during natural digestion.

We have devoted much time and study to the subject of digestives and their manufacture: and in introducing to your attention our malt extract we do so with the positive knowledge that it is at once a more active digestive and concentrated nutrient than any similar preparation now on the market.

Aside from the digestive and nutritive value of malt extract, its sweetness and palatability make it a valuable vehicle for the administration of remedies possessed of a disagreeable or nauseating taste.

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